

Introduction to CFS/ME and the Integral Approach to medicine

Clients with chronic fatigue syndrome and/or myalgic encephalomyelitis can be confusing and hard to help. Winner of our CAM Award for Outstanding Practice, the Optimum Health Clinic has specialised in treating CFS/ME, using an approach based on the Integral model of American philosopher Ken Wilber. We asked Clinic founder **Alex Howard, BSc (Hons), and Director of Nutrition Niki Gratrix, DipION, mBANT**, to tell us how it works.

CFS/ME is still an illness that is regarded by orthodox medical circles as "puzzling" and with unknown aetiology. As any practitioner who has spent any time with CFS/ME patients can attest, they can confound, confuse and be downright difficult to treat with any real success.

Understandable reasons exist for scepticism that the illness is even "real." No diagnostic markers exist. Standard biochemical blood tests all routinely come back normal. Also there are few observable clinical symptoms.

With no visible sign of illness, clinicians have to effectively be drawn inside the patient's internal experience and rely on reported feelings of bone-crushing fatigue, "brain-fog" and pain. Due to the conventional approach

to medicine which tends to downplay, ignore and distrust internal subjective feelings and statements by patients, the medics wrongly concluded that if there was no physical objective evidence then the patient must be making it up! ME/CFS patients have thus had a rough ride with conventional medicine in the last 50 years.

We believe CFS/ME will become one of the most prevalent diseases of the 21st century. A report from the Department of Health Working Group (2002) summarised that approximately 0.2-0.4% of the population suffer from CFS/ME (122 000 -244 000 people based on population estimates of UK as 61 million). Studies of CFS/ME patients in 1996 and 1997 confirmed patients have disability rates similar to multiple

sclerosis, rheumatoid arthritis, lupus, heart disease, diabetes and other serious illnesses (Komaroff et al 1996, Buchwald et al 1996, Anderson et al 1997).

In response to this, in 1998 the Chief Medical Officer in the United Kingdom commissioned an independent CFS/ME Working Group to write a report on all aspects of the illness after stating, "I recognise chronic fatigue syndrome is a real entity. It is distressing, debilitating, and affects a very large number of people. It poses a significant challenge to the medical profession." (Department of Health Working Group Report 2002).

Despite that statement, there are still conventional practitioners who do not accept that this illness is real. This view is something

Why they were our 2008 winners of the CAM Awards sponsored by BioCare

OUTSTANDING PRACTICE The Optimum Health Clinic, Harley Street, London

Following his own recovery from ME/CFS, Alex Howard set up the clinic with nutritional therapist Niki Gratrix five years ago. Since then, the practice has grown to a ten-strong practitioner team, with more than 20 people on staff.

The judges were impressed not only by the scope of the clinic's activities, but also by the relentless drive to analyse, validate and improve what they are doing.

The clinic has treated more than 3,000 patients from 25 countries, and this year started a two-year clinical trial using psychology and nutrition combined, in conjunction with the University of Bedfordshire.

"Our goal is not just to research and develop the best therapeutic interventions for the treatment of ME/CFS, but also to embrace the

evidence-based model of medicine as much as possible, to scientifically validate the results we are achieving with patients."

The clinic provides professional practitioner development, has cross-training meetings and research updates between practitioners, and practitioner performance is monitored with formal procedures to elicit feedback from patients.

They've produced almost 100 CDs and DVDs to educate patients and have launched a social networking website as part of a push to develop a supportive community for patients, and a foundation to encourage community fund raising events to support future research.

• www.theoptimumhealthclinic.com



that any person with the illness, treating the illness, or with family or friends suffering from it would assign to ignorance.

Of those practitioners that believe the illness is real, there is no small amount of controversy around treatment protocols within both orthodox clinical medicine and the CAM world, and among sufferers.

Within orthodox circles there are groups that believe CFS/ME is a psychiatric illness. Other researchers and clinicians believe it is an immune system disorder; others say it is a low-grade viral or/bacterial infection or set of co-infections; others are linking it to a malfunction of the heart, blood hyper-coagulation, HPA axis imbalances and still others suggest at the core it is caused by mitochondrial dysfunction or a methylation cycle crash or block.

In the CAM world there are camps stating the only treatments necessary are brief psychological therapies. Others believe structural anatomical imbalances in the spine or in the temporomandibular joint are at the core of the problem. Others focus on food intolerances, gut dysbiosis, toxicity and nutritional deficiencies. Still others believe energetic or spiritual healing can make a fundamental difference.

To successfully treat CFS/ME the very paradigms of medicine and the orthodox approach have to be challenged. No other illness we know of so strongly challenges the artificial schism that exists between mind and body mainly in Western approaches to healthcare. In addition the disease is challenging CAM practitioners to “up their game” if they are to make headway with these patients.

And we must not forget the patients: when faced with this plethora of treatments, they are often overwhelmed, spend thousands on one treatment after another or end up doing nothing.

What’s a poor patient to do?

We believe there is a framework, an approach that effectively and elegantly resolves all of this controversy. CFS/ME is an illness that taught us as a clinic to approach treatment of chronic disease from a truly comprehensive framework or understanding of mind-body medicine. The philosophical model which underpins everything we do in the clinic is based on what’s called the “Integral” approach to medicine. By Integral we mean it in the context of the work by Ken Wilber. ME/CFS lends itself very well as a case study to examine the Integral Approach in action.



Integral framework to Mind-Body medicine

Integral means “all inclusive” or leaving nothing out. This term is different from “integrative” medicine. The terms “holistic” or “integrative” are often vague and vary dramatically in meaning and practical application from practitioner to practitioner. The Integral Approach defines what we mean by being “holistic” in medicine. It means that we map the approach to health onto Wilber’s 4 Quadrants – see the diagram below.

This model came about through a lifetime study of reality – summarized in his book a “Brief History of Everything” – by the American philosopher and teacher Ken Wilber. We encourage readers who want to understand more on the model to read this book, as there is a level of detail which is beyond the scope of this article. The model states that all of reality consists of a holon – a “whole that is part of other wholes” – and all of existence or experience can be classified into Four Quadrants by differentiating between the external objective world (two right Quadrants) and the subjective world of inner beliefs

and attitudes (left two Quadrants). Further categorization can then be made between the collective internal and the collective external (bottom two Quadrants). When applying this to the health of an individual we now have a map of all possible factors that can affect and influence human health.

Four Quadrant approach to medicine (see diagram below)

Within each Quadrant there are also levels of treatment that will be explained in more detail below. For now it is useful to understand that conventional medicine exists almost entirely in the upper right Quadrant. It deals with the physical organism using purely physical interventions: surgery, drugs, medication and behavioural modification. Conventional medicine essentially believes in the physical causes of illness and therefore prescribes mostly physical treatments.

But the Integral model claims that every physical event must have 4 dimensions, therefore the top right Quadrant is but one fourth of the cause.

The study of psychoneuroimmunology has for example made it quite clear that a person’s interior states play a crucial role both in the cause AND treatment of many illnesses.

In addition to this, no human exists in a vacuum. Humans live in a cultural and social environment which they are intimately linked to and affected by. An Integral Approach to treatment therefore takes account of environmental factors, other social and cultural influences, as well as the internal beliefs values and attitudes of the patient

The point of Integral is not that we throw out conventional medical approaches; there is a

<p>Internal Subjective – Individual</p> <ul style="list-style-type: none"> • Meaning • Thoughts, beliefs, attitudes • Emotions, feelings • 5 senses – see, touch, hear, taste, smell 	<p>External Objective – Individual</p> <ul style="list-style-type: none"> • Popp’s biophoton field • Physics of the energy body • Biochemistry and structural mechanics • Atoms, molecules, organs, systems, the body “electric”
<p>Internal Intersubjective Group – Cultural</p> <ul style="list-style-type: none"> • Relationship between patient and physician • Support and understanding from friends, family • Cultural understanding and beliefs around the illness, prejudices • Cultural beliefs around treatment modalities 	<p>External Interobjective Group – Social</p> <ul style="list-style-type: none"> • Financial support from the NHS • Financial support through insurance companies • Environmental toxins- pesticides, chemicals and electrosmog • Access to information – internet

→ fundamental time and place for conventional medicine. If you have an accident and break a leg you thank the paramedics and surgeons – we don't exactly care about your diet at that point!

The point is the Integral Approach is more successful because you touch all bases. The aim is to take into account and integrate all Quadrants and levels within Quadrants – and not to ignore, downplay or rule out anything that there is to offer in each Quadrant.

Impact on the orthodox view of CFS/ME

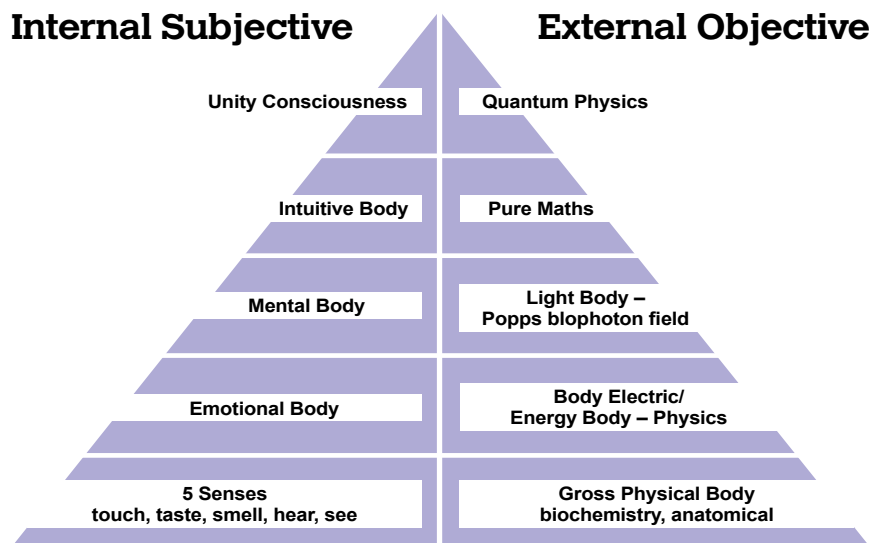
When we look at health from the 4 Quadrant Integral Approach, it is like refocusing the camera lens and zooming right out. This is a far cry from orthodox medicine where we zoom in purely to the top right Quadrant. Beyond this there is further reductionism in conventional medicine – leading practitioners into specialization. Hence the human body is segmented into biological systems: immune, nervous endocrine and so on.

As a result, in the orthodox approach specialization leads to learning more and more about less and less. Solutions to problems are often not found at the same level of thinking that created them. When orthodox practitioners come from this reductionistic approach it is no wonder an illness like CFS/ME “mystifies” them. Almost every scientific paper states CFS/ME currently has an “unknown” aetiology. It's not until the treatment approach matches the location of the illness that results can be found.

Mind-body researchers like Dr Candace Pert, author of “Molecules of Emotion”, have even gone beyond stating that previously segmented biological systems are interconnected. Pert and her colleagues now say that biological systems are part of an inseparable dynamic mind-body system, and mind and body has a bi-directional connection – meaning that a healing impulse from EITHER the physical or the psycho-emotional side can lead to correction of the entire system.

The foundation of the model takes a world view that challenges the basic assumption of orthodox medicine and this is why conventional medicine fails so miserably to treat a chronic multifactorial illness like ME/ CFS. Conventional medicine purely assumes that matter came about before consciousness – therefore consciousness (mind and beliefs) do not cause physical changes in the body.

Internal Subjective



However the 4 Quadrant model clearly does support the idea that mind and emotions DO affect the physical body.

The placebo effect is one of the most important proofs that the internal subjective impacts physicality. The typical view is that the placebo affect should be controlled or eliminated from studies, yet this phenomenon is a powerful proof of the link between intention or belief and physical bodily response. No agent in history has been more tested than the placebo!

Conventional medicine downplays influence of the impact of environmental toxins and cultural and social aspects while placing too much emphasis on the importance of, for example, genetics. Books such as “What it Means to be 95% Chimpanzee: Apes, People, and their Genes” by Johnathan Marks, PhD, and the work of cell biologist Bruce Lipton, PhD, address this issue head on.

Relevance to CAM practitioners

Many CAM practitioners are familiar with the limitations of conventional medicine.

We believe, however, that there are also insights for many CAM practitioners using this model. Many practitioners treating CFS/ME think they are “holistic” and are treating the whole person because they are not using drug based treatments, are aware of environmental toxins and care about the psychological welfare of patient. If conventional medicine treats the illness, alternative treats the person.

However, many CAM practitioners we see get caught out on a number of factors:

1. They become overly focused on the top right or left Quadrant. So for example rather

than drugs they are using herbs, or nutritional supplements. It's easy to simply replace drugs with natural alternatives but get caught up in an orthodox approach – rather than a drug pill for every ill, we use herbs or nutrition to treat symptoms rather than true causes.

On the other hand we note that some practitioners working in the top left hand Quadrant believe that mind and emotions – intentionality – creates everything. This is the “law of attraction” brigade or “thoughts create reality”. Here the influence of environmental toxins or biochemical deficiencies are downplayed or ignored completely, often at the expense of patient welfare.

2. In addition to getting stuck in one Quadrant, CAM practitioners can also get stuck at one level of treatment within a Quadrant. Multiple levels exist in each Quadrant. This pyramid represents the top two Quadrants of the individual (see diagram above).

So, for example a practitioner can get stuck only looking at biochemistry of the body or anatomical structure. The model suggests these practitioners might also consider the physics of the body. It is noticeable that in the UK and the US, there is a great deal of focus at the biochemistry and structural level, where as in parts of continental Europe, especially Germany, there is much more emphasis on treatment relating to “physics” of the body – the affect of geopathic stress, “electrosmog” and the “body Electric” with use of EAV, MORA, microcurrent therapies and so on.

On the upper left Quadrant, practitioners can also get stuck just treating the mental level with techniques related to NLP, while ignoring other therapies that deal better with emotional trauma, for example.

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→ 3. Just as the 4 Quadrant model asks conventional medics to start to acknowledge the importance and honour the internal subjective experiences of the patient, the model also demands that we do not throw out or ignore crucial elements of the upper right hand Quadrant – in particular the need for objective evidence-based medicine. We believe more CAM practitioners need to get involved with trials to prove the efficacy of their work, just as we suggest orthodox medics open their minds to all 4 Quadrants.

Four Quadrant approach applied to CFS/ME

When we apply the 4 Quadrant Model to ME/CFS we start to be able to understand and categorize all the treatments that are available out there. We start to see that each treatment is addressing a particular cause in a particular Quadrant – but it is not THE only or necessarily the most important factor for a patient – it may be just one-fourth of the story; less if the treatment is also just at one level within a Quadrant. We can start to understand how treatments relate to one another and the use of this model helps us to more quickly navigate a patient through the illness – ensuring we “touch all bases” of possible treatments.

It also helps us to more clearly start defining the fact that in the current definition of CFS/ME there are subgroups of patients where there are consistent specific patterns of illness showing up across the 4 Quadrants – although ultimately every single person’s illness is unique (see diagram above).

The model directly helps us start to identify where the location of the illness is. We as practitioners are asking such questions as:

- Is the illness due to genetic polymorphisms in the methylation cycle? (Upper right Quadrant)
- Is there illness because the patient has what we call an “energy-depleting personality type” – one example is the chronic over-achiever? (Upper left Quadrant)
- Is it because they were unknowingly exposed to a large dose of pesticides for years because they lived next door to a farm? (Lower right Quadrant)
- Or was it because the patient grew up with an alcoholic father, an absent mother and then became ill, and the illness was perpetuated due to lack of cultural belief, support and understanding? (Lower left Quadrant)

Application to CFS/ME

- Energy-depleting personality types:
 - achiever type
 - anxiety type
 - helper type
 - trauma type
- Maladaptive stress response to illness
- Unresolved emotional trauma
- Diseases of the soul – crisis of meaning

Application to CFS/ME

- Cultural Stigma of the illness as “unreal”
- Lack of understanding from family, work, friends
- Poor relations between doctor and patient

Application to CFS/ME

- Endocrine – thyroid, adrenal, pituitary
- Immune dysfunction and toxicity
- Metabolic imbalances – mitochondrial, malabsorption, leaky gut, dysbiosis, food intolerances
- Infections – viral, bacterial
- Structural imbalances – spinal imbalances, turbomandibular joint problems, scar tissue
- “Sensitivity to eletrosmog”
- Genetics – methylation cycle polymorphisms
- Cognitive behavioural therapy
- SSRIs, sleep medications

Application to CFS/ME

- NICE guidelines and NHS treatment generally unhelpful
- CAM therapy not covered by insurance

How OHC addresses all Quadrants and all levels

In our experience patients often have a combination of causes from all Quadrants. There may be a fast or slow onset of the illness. Notably fast onset can be caused by a trigger originating from any of the 4 Quadrants – say a divorce, environmental exposure or a virus – but there will have been long-term predisposing factors usually from all Quadrants in the run up to the illness.

We use the Enneagram system of 9 personality types to assess all patients who come into the clinic. There is very clearly a subgroup of CFS/ME who have certain personality characteristics such as being “achievers” and “helpers.”

A major component for a number of patients is also the “Maladaptive Stress Response”: they find themselves locked in as a reaction to suffering from an illness for which there is so little understanding and that can feel like a life sentence of uncertainty and at times unbearable symptoms.

Just as it is possible to get stuck in the biochemistry only level and ignore the “body electric” in the upper right, so too do practitioners get caught in treating purely the mental aspects of the illness, missing out on treating the emotional aspects. That’s why it is so important for us as a clinic to have developed a vast protocol of all the different components involved in ME, and also a strong referral network for areas we do not cover in house.

One important point we note here is that there are many excellent specialist practitioners in the US treating CFS/ME who

take a very Integral Approach in general – however there is a conspicuous lack of treatment in the upper left Quadrant. The use of psychological techniques has not taken off like it has in the UK. This may be because practitioners have rightly been put off by looking at the weak positive results that Cognitive Behavioural Therapy (CBT) has in the treatment of CFS/ME.

In our experience, CBT is some 50 years out of date. Certain techniques known as “brief psychological therapies” – such as EFT, NLP, EMDR and more – are profoundly successful with subgroups of CFS/ME patients. This is especially true where the practitioners specialise in using these purely for ME patients. There are now some highly skilled practitioners in the UK – often they have suffered from the illness themselves and discovered these treatments worked so well they went on to become practitioners themselves.

Fundamentally important is also the lower left – cultural beliefs. Stigma around the illness and lack of understanding in our experience directly reduces a patient’s expectation of recovery and creates stress. We have patients tell us stories like friends being diagnosed with cancer at the same time as they were diagnosed with CFS/ME and noticing the level of understanding, support and sympathy available with a clear, accepted illness. The friend would tell them they were happier to have been diagnosed with bowel cancer than go through what they would face with a diagnosis of CFS/ME.

One way we have worked to overcome this is by last year launching a social

networking website specifically for patients of the clinic, so they can interact with others on a healing journey anywhere in the world, with a shared attitude that "recovery is possible." (see www.OptimumHealthCommunity.com)

We additionally have a bi-weekly series of conference calls, where patients have ongoing access to inspirational recovery stories, and the very latest ideas and techniques (see www.SecretsToRecovery.com)

To focus in the area of the lower right, as before mentioned, we feel that clinical trials are an essential ingredient to get access to increased government support and funding for illnesses such as ME. Beyond even our own two-year study, we have also set up a research charity to raise funds for further projects.

We have also recently been approached by several major insurance companies who are now funding treatment at the clinic, despite the fact that what we are doing is still, in the eyes of science, unproven. They are doing this because the sooner high-earning employees get back to work, the less they end up paying out, and they have seen a number of people get back to work using our protocols where patients were paying. These developments in the lower right are so important to over time increase the research base on effective treatments, and so enable access to them for more people. The reality is that it would ultimately cost the government less to fund more effective treatments, than be paying out the fortune it is each year on benefits for those affected by ME.

The practitioner changes first

The Integral Approach does not suggest practitioners train and become experts in everything or even just, say, naturopathy and transpersonal psychology. It suggests that they become "Integrally Informed" practitioners – this means they have a framework of understanding and appreciation for ALL factors that can be affecting a patient's health, so the practitioner would know how they fit into the wider picture and so they can know the

Megomania bred of isolationism: partial truths in the CFS/ME world

ME/CFS is a powerful case study for the Integral Approach to mind-body medicine. The CFS/ME world is beset with reductionistic theories, with practitioners as well as educated patients who claim to have "the" answer to the illness.

These claims border on megalomania bred from so many practitioners working in isolation. And we echo Wilbers sentiments when he states "no human mind can be 100% wrong. Or, we might say, nobody is smart enough to be wrong all the time."

We believe all specialists treating CFS/ME are honest, genuine people looking for answers to this illness. Thus all these practitioners have something important to say that we all need to take heed of.

There are some extremely gifted scientists, researchers and clinicians in the CFS/ME arena who we see are searching for the "beautiful theory" of CFS/ME. In most cases this involves searching the upper right hand Quadrant for a single unifying theory that can explain all the underlying symptoms elegantly and compellingly. Strong contenders at the moment are blocks in the methylation cycle, mitochondrial malfunction, heart malfunction, sub-optimally functioning hypothalamic-pituitary-adrenal axis, immunological abnormalities or low grade co-bacterial or viral infections.

strength and limitations of their own modality.

Ironically an Integral Approach to health means we as practitioners change first before we can change the lives of our patients. As such it is not about what the practitioner practises nor his/her modality of treatment – it is the awareness of the practitioner that counts.

In our experience when an approach like the 4 Quadrant theory is used to take account of the width and the depth of all causes of a chronic illness like ME/CFS, solutions and answers are reached faster and more effectively. Instead of looking for reductionistic complex biochemical problems to try to answer every problem, as an Integral practitioner you start to learn that actually all that is required is a "back to basics" approach in the upper right hand Quadrant.

In each Quadrant and level there are so many solutions available and applicable to patients that we are constantly looking to distil

Notably, all these theories entirely ignore the inner state of the patient, who they are, who they were and how they experience their illness and whether they expect to recover or not. The physically-focused practitioners at our clinic are always humbled when they attend The 90-Day Programme offered at the clinic. To see a highly skilled psychologically-focused practitioner work magic with these patients is a constant reminder to avoid reductionistic thinking, and hence the reason our quarterly cross-training seminars, integrated questionnaire and monitoring procedures are so vital as we train all the practitioners to be Integral Practitioners – not just nutritionists or psychology practitioners.

We say that a unifying single theory will never be found in a single Quadrant. We believe there IS a beautiful theory – and it is Integral theory. In our view is a time to invite conversation between practitioners specializing in treating CFS/ME. Practitioners who are not interested in speaking and learning from colleagues also treating the illness from different modalities will lose out – and so in turn will their patients.

Patients themselves also need to understand that what may have worked for them is not necessarily going to be the truth and the way for many other patients with the same diagnosis – and Integral theory will tell them why.

the "difference that makes the difference" for patients in each area. The challenge now at our clinic is to start to document and identify subgroups of CFS/ME patients, and also speed up our ability to identify where each person's illness location lies within the Quadrants and levels.

For the last five years we at the clinic have applied CANI – Constant and Never Ending Improvement – to our treatment protocols for CFS/ME (and in fact every area of the Clinic's operations). This has forced us to constantly look bigger and wider, overcoming our own egos and often submitting to the realization that as a clinic with a psychology and a nutrition or physically focused division, together we are far greater than the sum of our parts. www.OptimumHealthClinic.com

* For general information on the clinic www.TheOptimumHealthClinic.com

For specific information on M.E. www.FreedomFromME.co.uk



About the authors

Alex Howard, BSc (Hons), is Founder and Managing Director of the Optimum Health Clinic. Alex suffered from ME for seven years, and spent two years virtually bed-bound. After reaching the point of near suicide, he committed to doing everything he could to turn around his own situation and help others in similar situations. He is the author of "Why ME? My Journey from ME to Health and Happiness," has released over 100 audio CDs, including the clinic's highly successful www.SecretsToRecovery.com, and in addition to thousands of hours of clinical work, has given hundreds of talks all over the UK. Alex is also heavily involved in The Optimum Health Clinic Foundation, researching and writing several new books, is a presenter for www.Conscious.tv, and dedicated to his own journey of personal development. Alex also still does a very limited number of client sessions, teaches on the clinic's professional training courses, and runs the clinic's Conscious Transformation seminars (www.ConsciousTransformation.co.uk).

Niki Gratrix, Dip ION, mBANT is Co-Founder and Director of Nutrition of the clinic. She spent a number of years in corporate banking before deciding to follow her path and retrain as a health practitioner. Niki's training, which developed into a mission to integrate the best of what is available in integrative medicine today, has seen her travel all over the world and qualify as a clinical nutritionist, yoga teacher, personal trainer and NLP practitioner. Niki is fast becoming one of the world's leading experts on treating ME. Her protocols for treating the physical components of ME are the cutting edge, and she has recently been approached to train other nutritionists in her unique approach.

