



# Worldwide Association for ME/CFS Awareness and Research Newsletter

September 2009  
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## Inside this issue:

## Letter from the Board of Directors

Hello everyone and thanks for reading WAMCARE's second newsletter! What have we been up to this month? Well, our inaugural newsletter, much anticipated, much-loved (and much fretted-over) finally arrived like a first-born child. Mind you, I suspect that Michelle – who worked round-the-clock to put it together – at times would have rather been in labour! However, we are very proud parents and your feedback made it all worthwhile. It's hard to believe that the time is here again and we are releasing the second edition! Please send feedback (honestly!) and let us know if we are on the right track or give us some pointers!

We also welcomed our newest committed volunteer, Steve Dolby, to the WAMCARE team. You can find his story and research on our [webpage](#) and in this newsletter. We have made a few changes to our website (see our [WAMCARE News Update](#) for details), and are working on a fundraising package for those of you looking to organize events to raise money for WAMCARE and ME/CFS.

If you haven't already entered our photography competition, then see the contest information on [our website](#) or here in the newsletter and enter for a chance to win a month of Wellness Coaching from Gyan Baird at [www.epiphanycoaching.com](http://www.epiphanycoaching.com)!

This month we feature an interview with the lovely Tottie Goldsmith, Australian actress and niece of Olivia Newton-John. She has kindly shared with us her experience with ME/CFS.

Thanks for your continuing support of WAMCARE and everyone with ME/CFS!

Laura Dunks, *President of the Board of Directors for WAMCARE*

## New! WAMCARE Awareness Bracelet Campaign

We are pleased to announce that our WAMCARE Awareness Bracelets are now available! To find out how obtain a bracelet, [click here](#). These bracelets have been handmade and can be purchased for a donation of \$5 USD (3 GBP).

Two styles are available: "stretchy" and "adjustable". The stretchy kind (see picture) are strung on transparent beading elastic cord, have round letter beads and glass accent beads – blue, clear and/or green. The adjustable kind (picture on website) are strung on blue raffia string, have larger square letter beads and plastic accent beads. These are available in a variety of colors. Both types of bracelets say "WAMCARE for ME/CFS".

Feel free to purchase multiple bracelets and spread them around ☺ Please visit our [website's bracelet campaign page](#) and get them before they are gone! There are a limited number of bracelets (roughly 125). Depending on the success of this campaign, they may become available again in the future.

[Click here to get yours!](#)



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## Make a Difference

Tell us your story! Write an article! Submit Recipes! Comment on the newsletter! Send your input requests, comments, stories or articles to: [newsletter@wamcare.org](mailto:newsletter@wamcare.org)

Volunteer, Donate, Learn about ME/CFS. Visit our website [www.wamcare.org](http://www.wamcare.org)

Send us information on local ME/CFS events, resources, blogs, news and research. Email [info@wamcare.org](mailto:info@wamcare.org)

# WAMCARE's Upcoming Celebrity Memorabilia Auction



The WAMCARE Team is excited to announce that our Fundraising Manager Laura Dunks has been working hard asking celebrities and public figures to donate signed items to auction for a WAMCARE fundraiser. Visit our [display page](#) to see some of our growing collection! Our favourite items so far include a signed Katie Melua CD and authentically signed 8x10 photos of Dame Helen Mirren as Queen Elizabeth II and Sir Ian McKellen as Gandalf in The Lord of the Rings. We will be auctioning the items on Ebay at in the coming months, so follow us on [Twitter](#) and watch our [blog](#) for notifications about what is up for grabs! All signed items have been obtained through the mail. Most are authentically hand-signed, others

are printed or auto-penned. We will also include any letters from the agency or management. The nature of the signatures are accurate to the best of our knowledge and the knowledge of online experts. Please [take a look](#) often so that you can decide which items you would like to bid for - they would make amazing gifts for any fan! Please spread the word if you think you know anyone who would like to participate in the auction. 100% of the proceeds will go to WAMCARE and our ME/CFS Awareness efforts. If you would like us to try and obtain an item from a particular celebrity, please let us know by emailing [fundraising@wamcare.org](mailto:fundraising@wamcare.org).

## Ampligen: Impeding Miracle or False Hope?

**By Michelle Martin**

Ampligen, made by the US company HemispherX Biopharma, is the only drug ever reviewed for approval exclusively for treating ME/CFS. Developed in the 1960's, it seemed to flounder around without a medicinal use for years. In the late 1980's it began to be studied for use in ME/CFS, but is still under review by the FDA, who continues to delay approval. It is now thought the FDA's decision will happen this fall, and reports are favourable that Ampligen will finally get the nod.

Many people with ME/CFS wait with bated breath, scouring the news daily in hopes that they may soon get the opportunity to try Ampligen for themselves. Some believe it will be the miracle cure they've been waiting on for years. Are these hopes well-founded?

With all the FDA delays, the question of Ampligen's potential effectiveness for ME/CFS

have been overshadowed by speculation about its approval date and the reasons behind the extensions. In past years, HemispherX missed several important deadlines or failed to provide complete information in filing for review. The company's claim that Ampligen could be useful in treating Swine Flu may also have caused delays as attention and pressure was side-tracked during last flu season's panic about the virus. In addition, some speculate that there may be undisclosed safety issues with the drug. Complaints have also been filed against the company for various reasons, including two issued from the FDA for promoting Ampligen as safe and effective before receiving FDA approval. Speculations aside, the FDA itself has not given clear reasons for the continuing delays.

Ampligen is a chemical that falls under the nucleic acid class of drugs (NA's), which means its structure mimics that of DNA and RNA. It is

an antiviral and immune modulatory substance which is thought to trigger an enzymatic process that results in the destruction of viral RNA in infected cells.

Treatment with Ampligen consists of an intravenous infusion of the drug (400mg), usually twice weekly for 12 to 18 months. An infusion typically lasts for one hour. Possible side effects include: mild flushing, tightness of the chest, rapid heartbeat, anxiety, shortness of breath, sweating, nausea, diarrhea, itching, rash, dizziness, confusion. HemispherX is developing an oral form of Ampligen, under the patent Oragen.

To read the full article, [CLICK HERE](#)

## Co-Morbid Illness: Lyme Disease

**By Diane Clohson**

*Comorbidity means the simultaneous presence of two chronic diseases or conditions in a patient. There are many comorbid conditions associated with Lyme disease, most frequently when the tick-borne disease is not diagnosed and treated aggressively soon after the initial tick bite occurs.*

Lyme disease was long a misunderstood disorder. Until the late 1800s, doctors had no clue was caused the disease. This tick-borne illness is often associated in the minds of the general public with the early 1970s, often thought to have been discovered around that time.

The disease was actually identified in 1883 when physician Alfred Buchwald noticed a degenerative skin disorder which is today called acrodermatitis chronica atrophicans (ACA). In 1909, the Swedish Society of Dermatology met and Arvid Afzelius, also a physician, described research regarding an expanding, ring-shaped lesion he had seen. He later published his work including the fact that he believed its cause was the bite of a brodes tick.

Research continued links between the rash and neurological problems, psychiatric problems, arthritic symptoms, and co-infections were observed in people with symptoms of what is now identified as Lyme Disease. Experiments with antibiotic treatments began.

In the early 1980s, Willy Burgdorter, MD, Ph.D., an entomologist at U.S. Rocky Mountain Laboratories, part of the National Institute of Health, was researching Rocky Mountain Spotted Fever, and tested ticks for disease-causing pathogens. Identifying spirochetes in black-legged ticks which were found to cause the disease was key to determining the disease cause and process.

### Prevalence

Lyme disease occurs in many countries around the world where black-legged ticks live such as Germany and that region of Europe. It occurs in Canada and, in the United States it is seen

primarily in California, Minnesota, Wisconsin and all northeastern states. It can, however, occur in any place these ticks reside and they are spreading to cover larger areas.

In 2000, the latest year for which firm statistics are available, there were 17,730 new cases reported in the U.S. There are virtually no statistics available on the number of co-infections which track Lyme disease.

### Causes

While tick bites are known to transmit the disease, there are other means. The ticks can bite horses, rats and other small animals that can also bite humans, transmitting the disease.

[Click here](#) to read the full article.

## Exclusive Interview with Tottie Goldsmith

By Laura Dunks



WAMCARE is excited to share with you the following interview with Australian actress and singer, Tottie Goldsmith. She graciously agreed to answer WAMCARE's questions about her experience with ME/CFS, her recovery and her life. Tottie is the niece of famed actress/singer Olivia Newton-John. Tottie's most recent role was as Cassandra Freedman on the popular Australian soap, *Neighbours*. She

was also a founding member of well-known Australian 80's *The Chantoozies*. You can find more information about Tottie on her website <http://www.tottiegoldsmith.com.au> and MySpace profile <http://www.myspace.com/tottiegoldsmith>

### ***Would you like to tell us a bit about yourself?***

What can I say; I have a great passion for life, I'm the eternal optimist and I trust with an open heart...and yes I've been hurt. I don't believe that getting thick skin is the answer to emotional survival as some would say, I believe in finding peace of mind,

not taking things personally and learning to forgive is a better option.

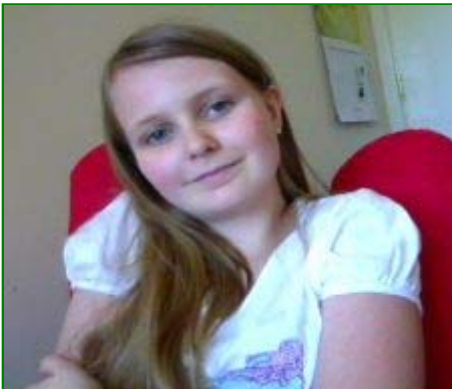
### ***When were you diagnosed with ME/CFS, what was the process and did you have a supportive doctor?***

It took most of a year to diagnose me. It was the late 90's and CFS wasn't an illness that doctors were experienced in diagnosing. It had quite a stigma attached to it and most people, family, friends and therapists thought it was psychosomatic. When I did eventually find a doctor, he offered very little symptomatic relief. It was a very lonely time.

### ***How long were you ill, and can you tell us what having ME/CFS was like for you?***

I was very ill for 2 years but unable to last for more than a couple of hours for 5 years. I think it was strange for the people around me. The only person that seemed to get it was my manager; she was so kind and kept giving me hope. [Click here](#) to read the full interview!

## Voices of Youth – Stories of Young People with ME/CFS



### **Jasmine Long**

Hello, my name's Jasmine Long. I'm 11 years old, I live in West Sussex [UK] and I suffer from ME.

I was diagnosed in January 2009 at the Princess Alex Hospital. Since I fell ill originally in September 2008 my life has turned upside-down, inside-out & now my world is completely different. Whilst I was well, I danced at least 2 hours a week, I was on the athletics team, played football at an after school club, did various activities at the local leisure centre, I would go shopping downtown on Saturdays and always be at my church on a Sunday! As you can imagine I was a very busy person, all that has changed now as I am lucky if I can go out to the local supermarket once a week. But I have

new hobbies I can do without using too much energy such as: writing poetry; making cards and baking cakes. All of these I never had time or enjoyed before!

Since being diagnosed with ME, my percentage on the ability scale has dropped. In January I was 30%-40%, March 20%-30%, and in May I was a little 15%-20%. But life goes on I have met amazing people experienced new things so it's not all that bad.

My friends at school have never been that supportive; if they were ever off school ill I would send them my love in a phone call. When I fell ill with several throat infections I didn't hear much from them, I would send them text messages and phone them but never the other way round. I soon realized the lack of support in my friends so I decided to ask them to ring me but no one ever phoned. Within this time of slowly losing the people I called friends, I made new friends who understood and cared, they all suffer from ME too! It was, and still is, a battle with people I know from school, but slowly they are beginning to understand and see how hard it is. Things are picking up for me though, a lovely girl from school has been ringing me regularly and writing letters, text messaging me and she has

come to see twice in the same month!

My school has been equally as [un]supportive as the people at the school. They are supposed to send me work regularly, but it tends to happen every odd few months! They did let me come in for half days but only for two weeks - then I had to go in for a whole day. Now just starting secondary isn't easy and only being there for random days was very hard. I am now home-tutored, I couldn't have asked for a more understanding tutor! It has been really great having lessons with her and my grades have gotten a lot better.

Despite ME having bad affects on me, the people I have met, the things I have learned, and what I can understand now have made being ill worth it. I wouldn't want anyone to have ME, and being such a low percentage is hard, but I have so much help and support from family, friends, and other people with ME that to me now it is just a tough time with fantastic friends.

***To read more stories of Young People with ME/CFS, visit our [website](#)!***

# ME/CFS Links – Articles, News, Events

## ME/CFS in the News

- [Paul Tomkins: What Does The Future Hold For The LFC Journalist?](#)
- [Boost in care for ME sufferers](#)
- [Tapanui District remembers a GP of significance](#)
- [Lyme Disease Could Cause Other Illness](#)
- [ME research charity flourishes in modest surroundings](#)
- [Guiseley woman writes book to help fight fatigue](#)
- [Ducati rider Casey Stoner's season is ruined by mystery virus](#)
- [Bike ace Stoner kicks back in Top End](#)
- [Life after 'Brain Death'](#)
- [Chronic fatigue syndrome can be beaten](#)
- [I'd rather have cancer, says Alex Wilson-Glab](#)
- [Don't ignore fatigue](#)
- ["Synchronicity" Exhibit at The Water Heater](#)
- [Remarkable stories on GCSE results day](#)
- [Surgery coverage denied after teen turns 18](#)

## Latest Online Research Articles

- [Post-Mono CFS in Teen Girls](#)
- [Blood Biomarkers for CFS: A Light at the End of the Tunnel](#)
- [The Chronic Fatigue Syndrome: A Comprehensive Approach to Its Definition and Study](#)
- [Experimental Stem Cell Transfusion Treatment for ME/CFS](#)
- [Moderate exercise increases expression for genes in CFS](#)
- [Moderate exercise increases expression for sensory, adrenergic and immune genes in Chronic Fatigue Syndrome patients but not in normal subjects](#)
- [HHV-6 in CFS](#)
- [Examining types of fatigue among individuals with ME/CFS – Source: Disability Studies Quarterly, 2009](#)
- [The Relationship of Fennell Phases to Symptoms Among Patients With Chronic Fatigue Syndrome](#)
- [Effects of Chinese Medicine in Treating patients with CFS](#)
- [Researchers use exercise to illuminate how you feel](#)
- [Does hypocortisolism predict a poor response to cognitive behavioural therapy in chronic fatigue syndrome?](#)
- [Provigil's effectiveness for chronic fatigue syndrome](#)

## Lowering Your Body's Total Load (Part I) – Go Organic!

I have read an increasing amount of articles lately which refer to the body of an ME/CFS patient as struggling under a combination of different factors. These factors, which have little to no effect on healthy people, produce a total load on the body which leaves the patient unable to stay afloat. The body of a person with ME/CFS or other chronic illness, is very sensitive to the accumulation of stressors. Therefore, it makes sense that reducing each of these elements will result in improvement depending on how much of that person's total load - and thus illness - was caused by each component. The "load" idea can be explained by using the analogy of physically carrying a heavy load. The more things you add to the burden,

the shorter distance you can walk. This is the same with the body, and how sick someone with ME/CFS has become. You can find more information about the load theory in the [resources section](#).

Each month I am going to talk about one area that you can work on which may bring about some health improvement and/or stop further decline. I am not claiming to have a cure, but anything that helps is, in my opinion, worth the effort. Hopefully you can put the effort into changing your lifestyle step by step.

This month I will discuss the benefits of eating organic and local. How easy it will be for you to do this depends on your own circumstances – for

*By Laura Dunks*

example, where you live and how much money you can afford to spend. Do not think that if you cannot go completely organic then it is not worth the time and effort it will take. Every little change you make will effectively lower the stress on your body.

**What does organic mean?** Organic food is grown using only natural products and without chemical fertilisers, preservatives, antibiotics, pesticides, hormones, herbicides, artificial colorants, fumigants or the addition of genetically modified organisms for example raw materials, feed or seed.

[Click here](#) for the full article.

Welcome to the WAMCARE Kitchen Korner! With your input, we will be providing easy-to-make, healthy meals, to help make your time in the kitchen is fun and your meals are simple and quick. One of the things I have learned in over 50 years of cooking is that cooking can and should be fun. Everyone makes mistakes -- I have thrown away many meals myself, undercooking or even burning food. But fear not! There are ways to salvage any malfunctioning meal, or to make something different out of the messed-up ingredients. And, even if it doesn't taste that great, it can still be good for you. Each time you will learn valuable lessons to improve your cooking results. Have fun with trying out our recipes, and don't forget to send in your own favorites to [newsletter@wamcare.org](mailto:newsletter@wamcare.org)

## WAMCARE Kitchen Korner Quick & Simple Marinara Sauce: Meat & Meatless

This recipe will serve up to 8 people or provide 8 to 16 meals for 1 person.

### Ingredients:

4 ea. 16 oz cans of chopped tomatoes with peppers, onions and celery or fire roasted

2 ea. 8 oz cans of tomato sauce

1 ea. 6 oz can of tomato paste

### For Meat eaters:

1 lb. ground beef 15% fat content

### For Vegetarian:

Any type of squash, i.e. zucchini, summer squash etc.

olives, mushrooms, cucumbers, okra, spinach - any type of veggie you like.

Spices: basil, oregano, garlic, thyme, parsley, salt and pepper to taste.

Olive oil, butter or oil of choice.

1 cup of Red wine

### For meat sauce:

Put oil in large skillet or sauté pan along with ground beef; scramble to cook evenly along with salt and pepper. Cook off as much oil as possible and drain any remaining fat or oil from pan before adding other ingredients. Add tomatoes, sauce and paste to scramble meat, combine well. Add all spices (this is the fun part - it is to your taste preference with no measuring). Mix well and add wine. Cover and simmer for 30 minutes or longer if you can wait. I have made this in

less than 45 minutes after work and that included cooking the noodles.

### For Meatless:

Chop vegetables to approx. 1 inch in size and add after sauce has simmered during the last 20 minutes of cooking. You don't want them to be mush but you do want them to be heated through.

This sauce can be divided into smaller serving containers for freezing to reheat for single meals or to serve to up to 4 people.

WAMCARE Kitchen Korner is produced by **Darlene Blair** Submit your tips and recipes to [newsletter@wamcare.org](mailto:newsletter@wamcare.org)

- Darlene Blair, WAMCARE chef!

# Podium: Your Stories of ME/CFS

## ME/CFS – A New Perspective by Steve Dolby

I was taken ill in 1988 after catching an effluent carried tropical virus whilst swimming in the sea off Bournemouth pier. Within hours, I was feverish and very ill. My recovery from this was very slow due to the fact that six weeks earlier I had also had Glandular fever. I continued to feel very ill and after 3 years was referred to the Royal Free Hospital Department of Infectious and Tropical diseases. I was diagnosed as having chronic ME or Chronic Fatigue Syndrome.

I started to develop other illnesses too, Fibromyalgia, Diabetes, Arthritis and a whole host of other problems. I had always been a very fit and healthy person up to catching the virus, so suddenly being so useless hit me very hard and depression set in too. My doctor's, although very good, kind and considerate could only treat each symptom and illness as a separate entity, so I'm on a lot of different tablets.

About fifteen years ago, I started to wonder whether there was something that was a common causal link between all the things I had. I have always had an interest in science and medical stuff. I studied a lot of medical books, did a lot of research at the library and talked to a lot of Doctors that I knew through my church. I kept coming back time and again to fact that certain neuro-transmitters seemed to be awry in a lot of ME sufferers. One in particular, Acetylcholine (choline) was implicated in all of my symptoms and conditions, but when mentioned to my specialist was dismissed as a possible cause.

I came up with the molecular structure of a chemical that would help redress the balance of my neuro-transmitters and looked to see if there was a drug that had a similar chemical makeup. At that time there wasn't and with hindsight, wish I had patented my formula.

Recently, with the help of the internet, I found a drug that is fairly new that has the same formula as I worked out all those years ago. My GP can't prescribe it as it isn't licensed for use in the treatment of any of my conditions, but told me that if I should purchase it privately and try it, that she would monitor me and help me present a report to the BMA.

The thing is, that in the UK, ME is classed as a psychological illness that can have neurological implications. My theory is that ME is actually a type of dementia illness in that the brain forgets how certain areas of the body function correctly, in particular the immune system. My research into neuro-transmitters and mitochondrial energy production certainly points this way.

My aim therefore, is to continue to try the drug myself, keep a journal of my findings at <http://stevedolby.spaces.live.com> and try to get ME re-classified as a neurological disease in the U.K. with symptoms that can be alleviated with treatment similar to those used in relieving the effects of Parkinson's and Dementia.

At this present moment in time, I'm not going to reveal to anyone the name of the drug that I'm trying. The reasons behind this decision are; firstly that the drug isn't licensed for use in treating M.E, it can't be obtained without prescription and only after a diagnosis of two diseases that are not related to M.E, and secondly that until I have thoroughly tried and tested it myself, it would be unethical to recommend it to be used by others. Until I publish the results of the trial and that the report has been properly assessed by the BMA and they properly license the drug for the treatment of the symptoms that I'm presenting, I going to keep the name of the medicine, its exact nature and the full extent of the trial I'm conducting, wholly to myself.

So far though, the results are quite staggering. I have a lot more energy, less tiredness, much less pain and feel generally much better than I have in ages. I have only been on the new drug for less than two weeks, but the already I'm seeing the kind of improvements in my all round state of health that I knew I would get, just a lot quicker than I thought and with a smaller dose than I envisaged. You can follow my daily progress at [stevedolby@spaces.live.com](mailto:stevedolby@spaces.live.com)

## The Gorilla In Your House by Mary Bates

Acquiring a disability is a bit like getting home to find there's a gorilla in your house. You contact the approved and official channels to get rid of infestations of wild animals (in this case, the NHS) and they umm and aah and suck air in through their teeth before saying something roughly equivalent to "what you've got 'ere, mate, is a gorilla, and there ain't really a lot what we can do about them, see..." before sending you back home to the gorilla's waiting arms.

The gorilla in your house will cause problems in every part of your life. Your spouse may decide that (s) he can't deal with the gorilla, and leave. Your boss may get upset that you've brought the gorilla to work with you and it's disrupting your colleagues, who don't know how to deal with gorillas. You're arriving for work wearing a suit the gorilla has slept on. Some days you don't turn up at all because at the last minute, the gorilla has decided to barricade you into the bathroom or sit on you so you can't get out of bed. Your friends will get cheesed off because when you see them - which isn't often, because they don't want to come to your house for fear of the gorilla and the gorilla won't always let you out - your only topic of conversation is this darn gorilla and the devastation it is causing.

There are three major approaches to the gorilla in your house. One is to ignore it and hope it goes away. This is unlikely to work. A 300-lb gorilla will sleep where he likes, and if that's on top of you, it *will* have an effect on you.

Another is to try and force the gorilla out, wrestling constantly with it, spending all your time fighting it. This is often a losing battle. Some choose to give all their money to people who will come and wave crystals at the gorilla, from a safe distance of course. This also tends to be a losing battle. However, every so often, one in a hundred gorillas will get bored and wander off. The crystal-wavers and gorilla-wrestlers will claim victory, and tell the media that it's a massive breakthrough in gorilla-control, and that the 99 other gorilla-wrestlers just aren't doing it right due to sloppy thinking or lack of commitment. The 99 other gorilla-wrestlers won't have the time or energy to argue.

I have known people spend the best years of their life and tens of thousands of pounds trying to force their gorillas to go away. The tragedy is that even if it does wander off for a while, they won't get their pre-gorilla lives back. They'll be older, skint, exhausted, and constantly afraid that the gorilla may well come back.

The third way to deal with the gorilla in your house is to accept it, tame it, and make it part of your life. Figure out a way to calm your gorilla down. Teach it how to sit still until you are able to take it places with you without it making a scene. Find out how to equip your home with gorilla-friendly furnishings and appliances. Negotiate with your boss about ways to accommodate, or even make use of, your gorilla. Meet other people who live with gorillas and enjoy having something in common, and share gorilla-taming tips.

People get really upset about this and throw around accusations of "giving up" and "not even trying". They even suggest that you enjoy having a gorilla around because of the attention it gets you (while ignoring the massive pile of steaming gorilla-turds in your bedroom every morning and night, not to mention your weekly bill for bananas). The best way to deal with these people is to smile and remind yourself that one day, they too will have a gorilla in their house.

Visit Mary at her blog: <http://batsgirl.blogspot.com>

# Thief! Stealing Our Marriage

By Kenny

Having a loved one that has CFS is like being ripped off. This disease affects everything. And when I say everything I mean "EVERYTHING". The emotions that I have and the quality of life are not even close to that of what Alyson has to go through. The tears and isolation that she endures is something that I compassionately and sadly endure with her. But, that does not neglect the point that this disease has stolen a lot from our marriage.

It is not an isolated disease that just affects one person, but robs the whole family of life. We don't get to go on walks, workout together, go to parks or other physical activities without major consequences. Instead of having Alyson crash and burn, we limit, almost to non-existent our activities. Weekends are for recovery from long weekdays.

Please, if you don't have CFIDS and are thinking that you do the same, wake up! You *choose* to lie around on the weekends without any action. Alyson is *forced* by having no energy. Completely different, not even comparable, don't even go there!

If you really want to test the strength of your love and your commitment towards your spouse, try having one with this disease. Alyson does her best to help out, go on dates, and do some chores along with anything else she can muster the energy for. Even with sacrifice, her life along with mine is being high jacked. Stolen are the basic enjoyments for couples to enjoy one another. Things that too many couples take for granted. Not truly enjoying that walk with your wife, or that weekend drive through the country? That is a shame. Unfortunately, we don't get that privilege along with many others.

I am not looking for sympathy, but I am trying to express the seriousness of this life altering disease. It does not just smack one person in the face; this illness spits, steals, mocks and walks away leaving an entire family in a ditch looking for some help. When other loved ones don't fully acknowledge this, they too are kicking dirt in the ditch. Please don't bury family and friends that are suffering. Having this disease is isolating enough that they don't need any added misery.

Kenny is married to Alyson of [Alyson's CFIDS blog](#). His posts, and hers, appear on <http://alysonscfidsblog.blogspot.com>

## WAMCARE Photo Contest - Theme: COLOUR!

WAMCARE's first international contest is a photography competition on the theme of COLOUR! How to interpret the theme into your pictures is up to you! The Grand Prize for the best photo will be one month of FREE Wellness Coaching from Gyan Baird ([epiphanycoaching.com](http://epiphanycoaching.com); [twitter.com/TheDailyHerb](https://twitter.com/TheDailyHerb)). Gyan has been coaching women since 2000, and specializes in helping those with chronic illness in eight different life areas.

### Contest Rules:

- Anyone (with the exception of BOD members) is eligible to enter the competition.
- Persons who enter may be of any age and live anywhere in the world.
- Entrants must ensure that the photo(s) they are submitting are their own work and they have full copyrights.
- Entries must be sent via e-mail attachment to [newsletter@wamcare.org](mailto:newsletter@wamcare.org) by October 1, 2009.
- Persons may enter up to 2 photos by the deadline; late entries will not be accepted.
- If an entry includes identifiable persons, then the photographer must get consent from all of these subjects before entering said photo/s.
- Entries must be no larger than 1MB and in JPEG format.
- Photos must not be created/altered digitally using computer programs such as Photoshop, beyond basic lighting/red-eye corrections.

When submitting your entry(s), please include your name, age and country in which you live, a brief description of the photo, and the type of camera and if possible the type of lens used. These details will be kept confidential until after the winners have been announced, so as to not influence the voting. All photos entered into the contest will be displayed as they are received on the WAMCARE [website](#) and any person can vote for their favorite photo.

The winner and 2 runners up will be notified by email on October 16, 2009 and all three winning photos will be displayed in the following issue of the WAMCARE newsletter and permanently on the [website](#). We are excited to see your entries. Further questions regarding the photo contest can be directed to [contest@wamcare.org](mailto:contest@wamcare.org) **Good luck, photographers!**

We thank you for reading our newsletter! Please feel free to forward the email or URL to anyone you feel would benefit! If you received this newsletter by accident, we apologize. To subscribe or unsubscribe, send an email to [newsletter@wamcare.org](mailto:newsletter@wamcare.org).

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## We love to hear from you!

Send us an email:

[newsletter@wamcare.org](mailto:newsletter@wamcare.org)

Give feedback on the newsletter – suggestions, comments, criticism

Write an article for us or tell us your ME/CFS or supporter story

Submit your tips or recipes to Kitchen Korner

## Volunteer for WAMCARE

We work with you to find ways for you to help! This means you can do a little or a lot, depending on your needs, desires and skills! For more information visit our [volunteer pages](#) or email [volunteer@wamcare.org](mailto:volunteer@wamcare.org)

## Donate to WAMCARE

[Click here](#) to make a donation or to see more information about donating!



Visit us online at [www.wamcare.org](http://www.wamcare.org)