

# Pioneering Work at Breakspear Hospital on Coriolus Supplementation for CFIDS/ME patients

**Dr. Jean Monro** (MB, BS, MRCS, LRCP, FAAEM, DIBEM, MACOEM) is the founder of Breakspear Hospital, a UK based outpatient clinic devoted to immune compromised patients. She is one of the leading UK specialists in the treatment of ME/CFIDS and consultant physician to Fachkrankenhaus, Nordfriesland - Bredstedt, Germany.

Dr. Monro has observed that patients with Chronic Fatigue Syndrome (CFIDS) have low levels of natural killer cells (NK cells) and that changes in NK cell levels is an accurate indicator of the progress or otherwise of the condition (1).

In the work reported here, Dr. Monro used the level of NK cell activity, measured by AAL Reference Laboratories Inc. (<http://antibodyassay.com>), as an indicator of CFIDS levels in fifteen patients taking Coriolus-MRL supplementation.

**Supplementation Schedule:** From May to September 2000, fifteen CFIDS diagnosed patients were given a supplementation level of six 500 mg tablets per day of Coriolus-MRL (3 tablets morning and evening - 3 grams per day) for fifteen days. This schedule was followed by a decrease in supplementation level to 3 tablets per day in the morning for 45 days. At the end of the supplementation period, the patients were assessed according to changes in their NK cell activity (measured in lytic units-CMM).

## Supplementation Schedule for Chronic Fatigue Syndrome

WEEK	TABLETS/DAY	TOTAL TABLETS PER WEEK	90 TABLET BOTTLES
1	6	42	
2	6	42	
3	3	21	
4	3	21	
5	3	21	
6	3	21	
7	3	21	
8	3	21	3

Fig 1. Dr. Monro - Supplementation Protocol - Coriolus-MRL

### Observation 1 (September of 2000):

According to Immunosciences Laboratory Inc., CFIDS patients have a NK cell activity level of approximately 13+6 units, while cancer patients have an activity level of 5+6 units. In a healthy individual the level is 41+19 units. After Coriolus-MRL supplementation the average increase in NK cell activity for the fifteen patients was 31 CMM.

This average increase is significant and while not up to the 'normal' level (41 + 19 Units), the results provide evidence that Coriolus-MRL increases NK cell activity and this may have a bearing on the ability of Coriolus to relieve the fatigue symptoms suffered by ME/CFIDS patients.

Dr. Monro's study is ongoing and these results are preliminary. For those wishing to request further details of her work Dr. Monro can be contacted at Breakspear Hospital on Tel: +44 (0)1442 261-333, Fax: +44 (0)1442 266-388.

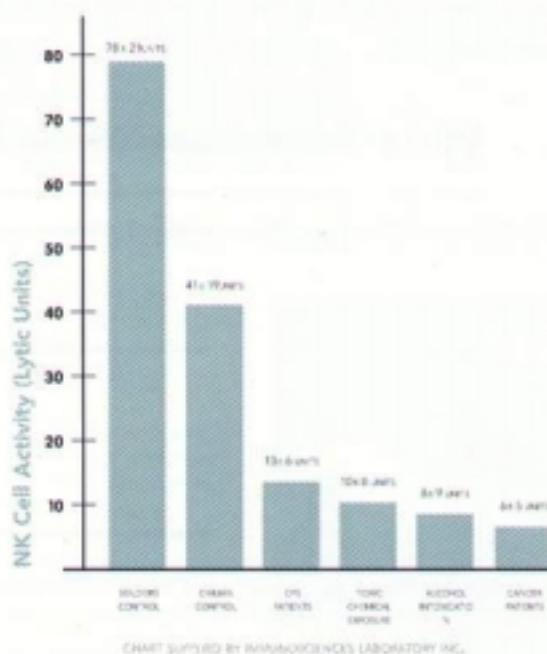


Fig 2. NK Cytotoxic activity of US Army soldiers, civilian controls and their comparison with chronic fatigue patients; toxic chemical exposure; alcohol intoxication and cancer patients.

**Note:** The two fold increase of NK activity in U.S. Army soldiers and significant decrease of NK activity in patients with immunological disorders ( $P < 0.0001$ ).

### References:

1. Caligiuri M et al. Phenotypic and Functional Deficiency of Natural Killer Cells in Chronic Fatigue Syndrome. *J Immunol* 1987; 139 (10) 3306-13.

For more information on Coriolus versicolor please see Mycology News-3rd Edition, with copies of the back issues of Mycology News available under the R&D section of <http://www.mycologyresearch.com>