ME/CFS: Are your M.A.D?

Plagued by

Mast Cell Activation Disease

Autonomic Dysfunction, and/or

Disorders of connective tissue



Anne Maitland, MD, PhD

Director, Allergy/Immunology - Metrodora Institute

Asst. Professor, Icahn School of Medicine at Mt Sinai, Department of Medicine,

Division of Allergy & Clinical Immunology

Conflict of Interest

Relevant financial relationships with commercial interests

Speakers' Bureau: Blueprint Medicines

Honorariums, Travel grants for Scientific faculty meetings/conferences:

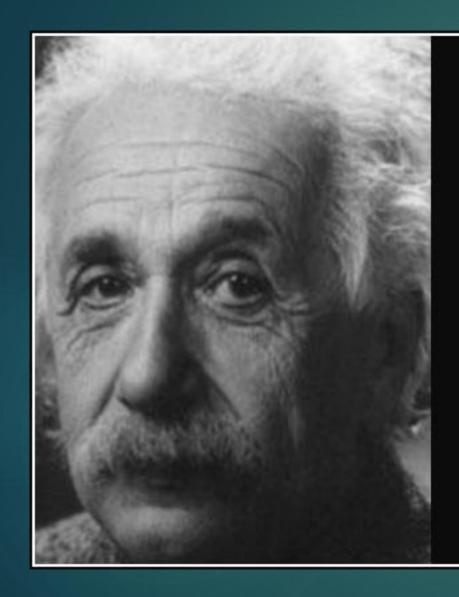
National Medical Association, Ehlers-Danlos Society, Bobby Jones Chiari Syringomyelia Foundation

Book Chapters:

Symptomatic

Disjointed

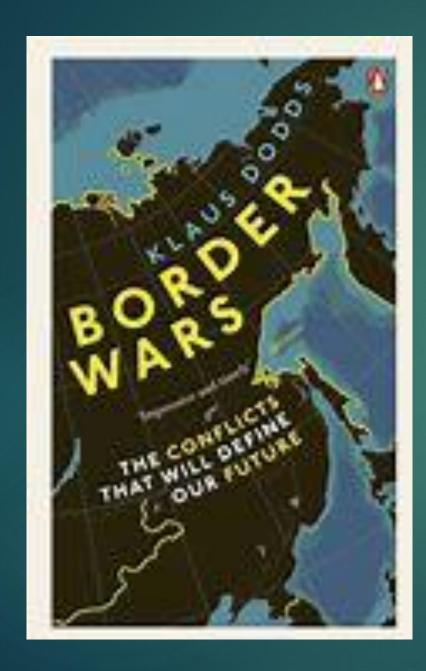
Transforming Ehlers Danlos Syndrome



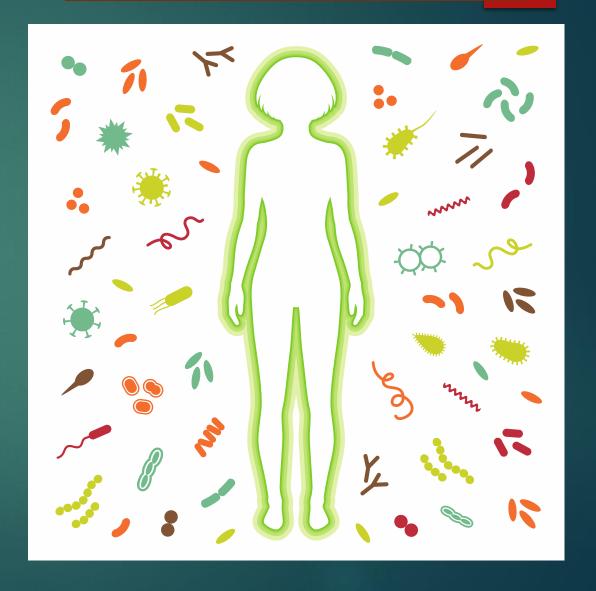
The world is a dangerous place to live

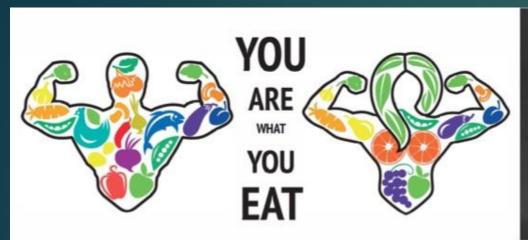
— Albert Einstein —

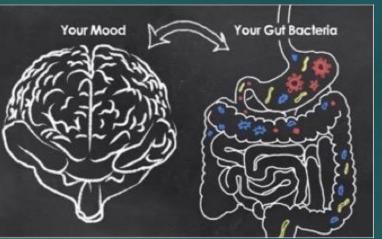
AZ QUOTES



Our Borders



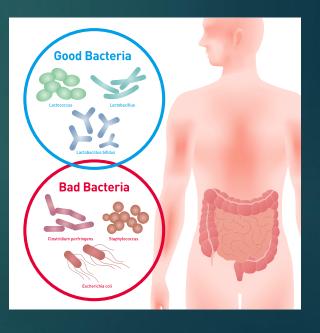


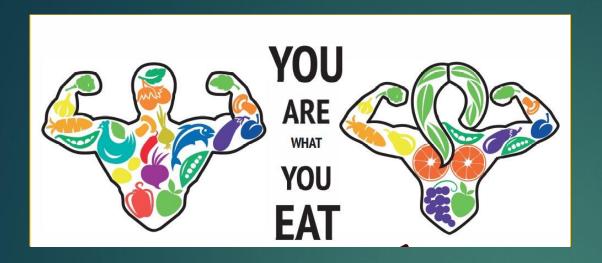


Our Borders















The United States =

highest military spending in 2022, with

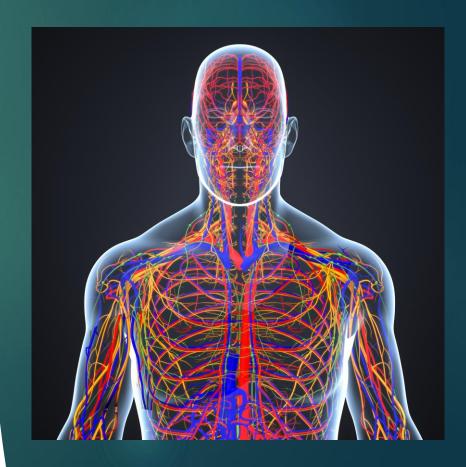
877 billion U.S. dollars dedicated to the military.

3.5% of the U.S.' GDP = dedicated to the military

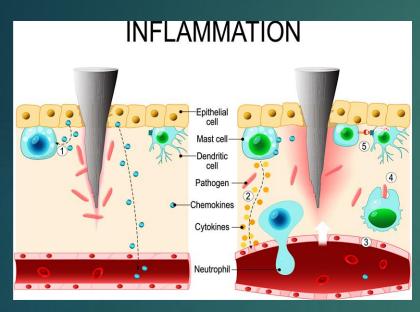


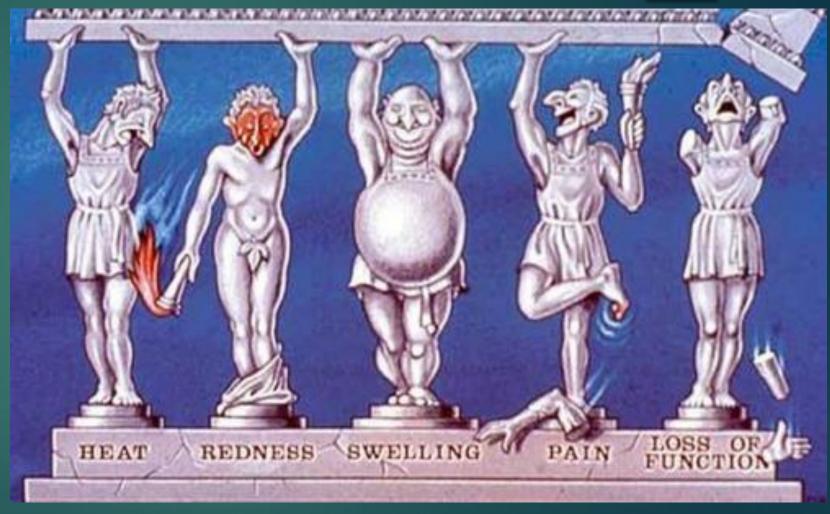


Price tag for surveillance, defense and repair?



Price tag for defense and repair?



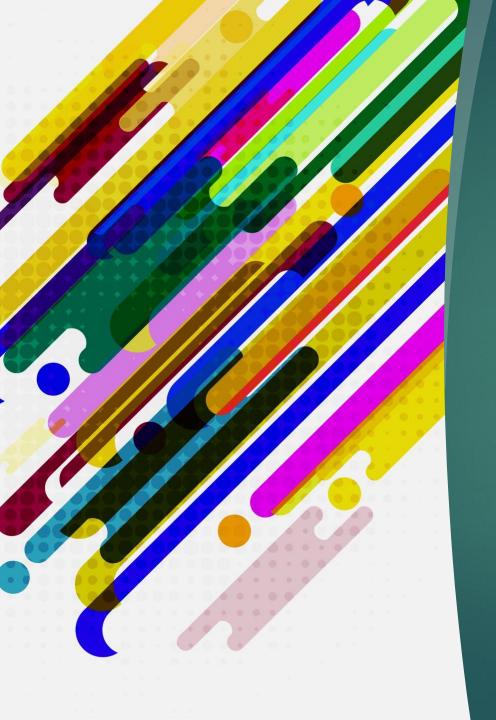


The immune system



In the late nineteenth and early twentieth centuries, a notable group of scientists led by Louis Pasteur, Paul Erhlich, Elie Metchnikoff, Jules Bordet y Emil A. Von Behring described a novel system whose function was to defend the body from attacks

The history of the idea of allergy, J. M. Igea, 2013



Spoiler Alert:

THE THING IS, THE IMMUNE SYSTEM IS VERY COMPLICATED.

There's a joke about immunology, which Jessica Metcalf of Princeton recently told me.

HEALTH Immunology Is Where Intuition Goes to Die Which is too bad because we really need to understand how the immune system reacts to the coronavirus. AUGUST 5, 2020

An immunologist and a cardiologist are kidnapped.

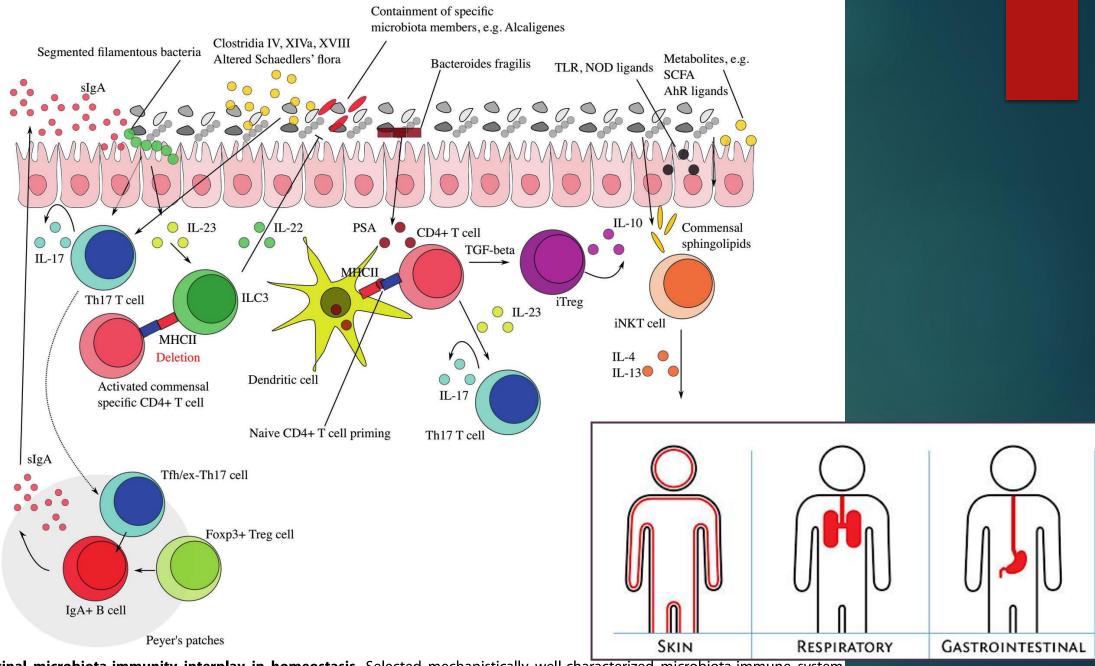
The kidnappers threaten to shoot one of them, but promise to spare whoever has made the greater contribution to humanity.

The cardiologist says, "Well, I've identified drugs that have saved the lives of millions of people."

Impressed, the kidnappers turn to the immunologist. "What have you done?" they ask.

The immunologist says, "The thing is, the immune system is very complicated ..."

And the cardiologist says, "Just shoot me now."



1 Intestinal microbiota-immunity interplay in homeostasis. Selected mechanistically well-characterized microbiota-immune system

Immunology 1010

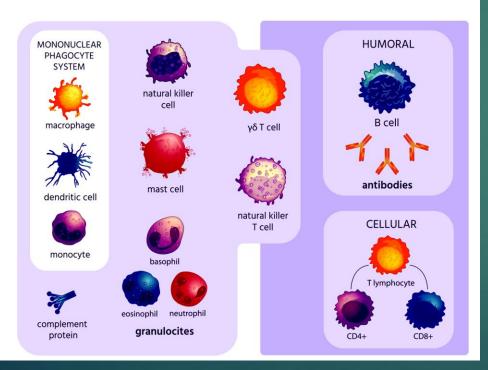
IMMUNITY

INNATE

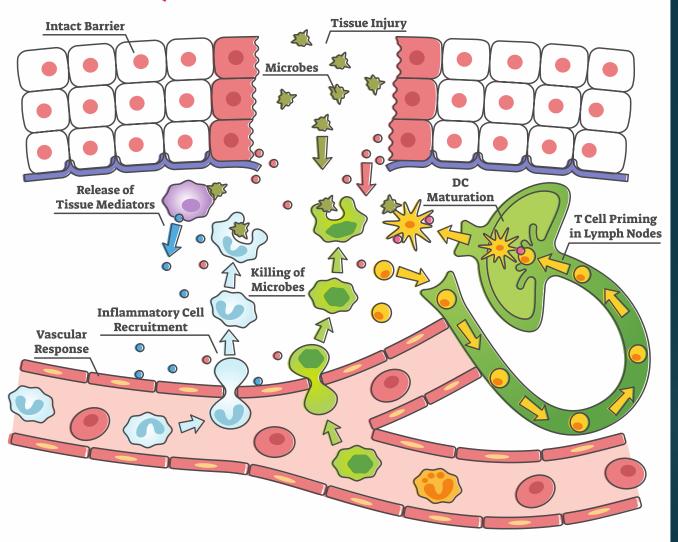
NONSPECIFIC fast response (0-4 hours)

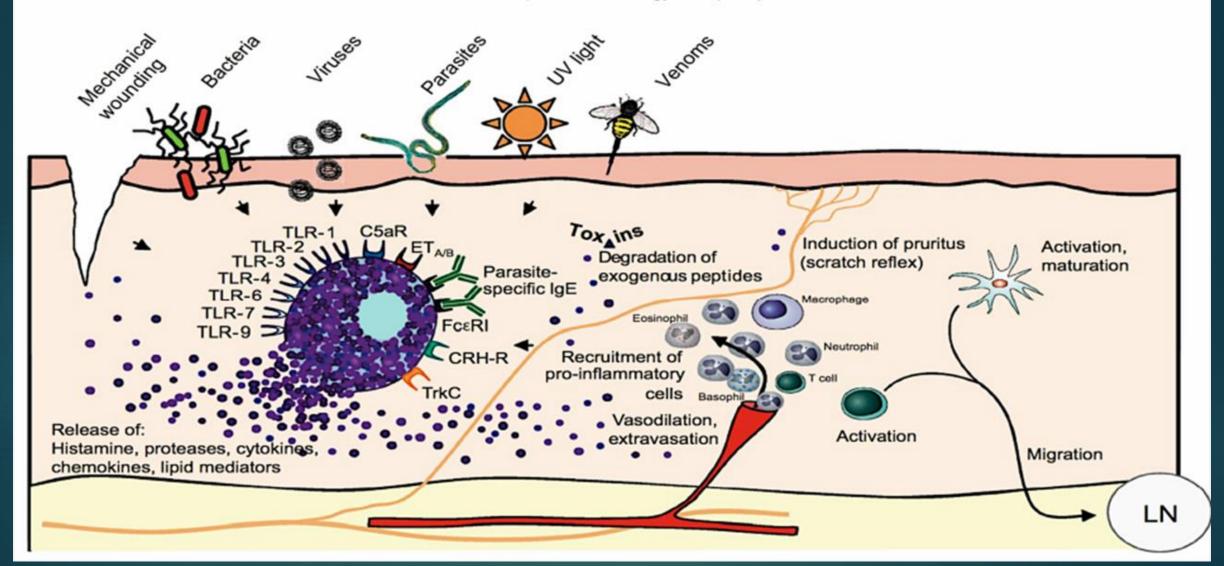
ADAPTIVE

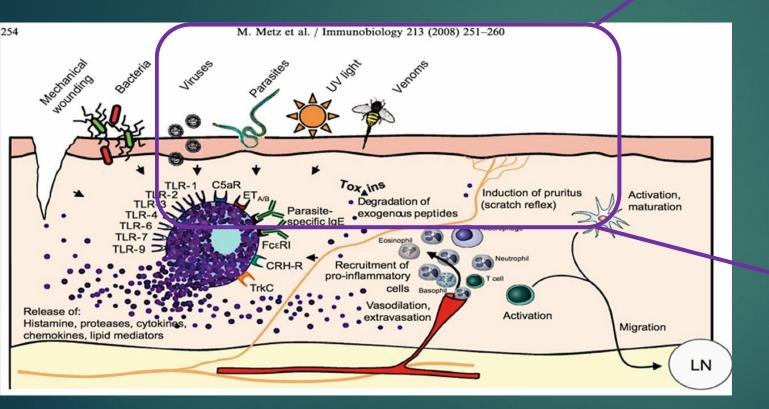
SPECIFIC slow response (4-14 days)

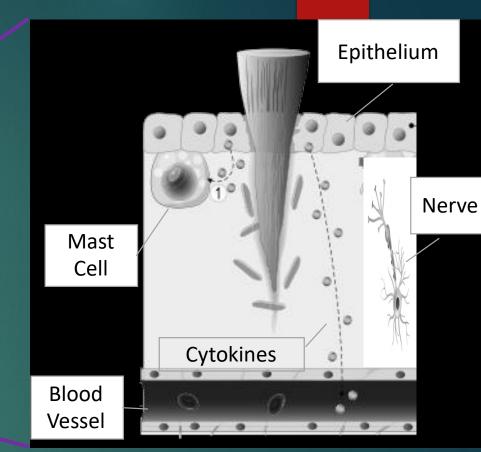


INJURY INFLAMMATION

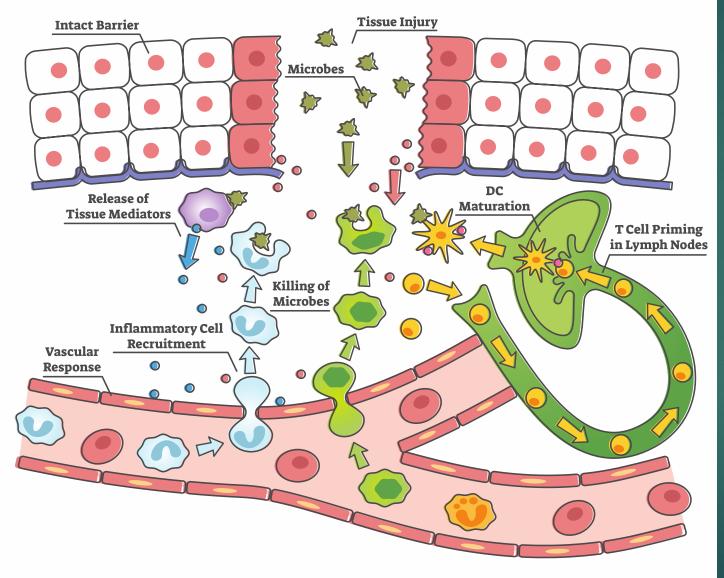






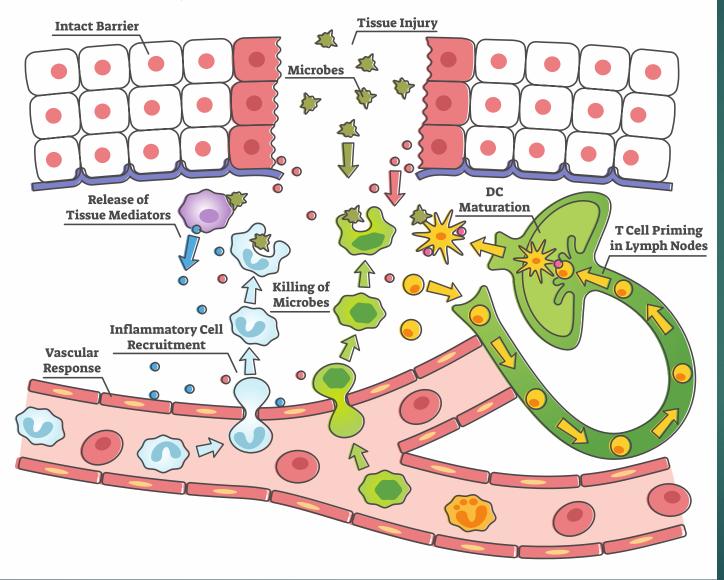


INJURY INFLAMMATION



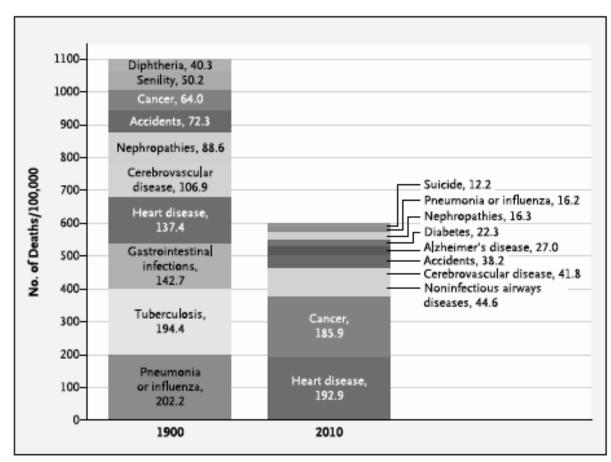
The immunity provided by this system entailed an absolute protection against a noxious agent, or at least the occurrence of some process strictly advantageous to the host.

INJURY INFLAMMATION



Nobody could imagine then that [the immune system] could harm the host it protects.

MEDICAL MILESTONES CELEBRATING KEY ADVANCES SINCE 1840



Top 10 Causes of Death: 1900 vs. 2010.

Data are from the Centers for Disease Control and Prevention.



- 5 ANAESTHESIA Symbol of humanitarianism Stephanie J Snow
- 6 ANTIBIOTICS The epitome of a wonder drug
 Robert Bud
- 7 CHLORPROMAZINE Unlocking psychosis
 Trevor Turner
- 8 computers Transcending our limits Alejandro R Jadad, Murray W Enkin
- 9 DISCOVERY OF DNA STRUCTURE The best is yet to come John Burn
- 10 EVIDENCE BASED MEDICINE Increasing, not dictating, choice Kay Dickersin, Sharon E Straus, Lisa A Bero
- 11 GERM THEORY Invisible killers revealed Harry Burns
- 12 IMAGING Revealing the world within Adrian M K Thomas, John Pickstone
- 13 IMMUNOLOGY Making magic bullets D Michael Kemeny, Paul A MacAry
- 14 ORAL REHYDRATION THERAPY The simple solution for saving lives Olivier Fontaine, Paul Garner, M K Bhan
- 15 THE PILL Emblem of liberation Carl Djerassi
- 16 RISKS OF SMOKING All done and dusted Simon Chapman
- 17 SANITATION Pragmatism works Johan P Mackenbach
- 18 TISSUE CULTURE Solving the mysteries of viruses Yvonne Cossart
- 19 VACCINES Conquering untreatable diseases Michael Worboys
- 20 I've got a little list Jeffrey P Koplan



Review Article

Mechanisms of Disease

THE EFFECT OF INFECTIONS ON SUSCEPTIBILITY TO AUTOIMMUNE AND ALLERGIC DISEASES

JEAN-FRANÇOIS BACH, M.D., D.Sc.

ple sclerosis, (type 1 diabet) — and Crohrdiseases. The atopic dermat between 1979 many, the incifrom 1969 to more than trip to the 1990s.

The New England Journal of Medicine

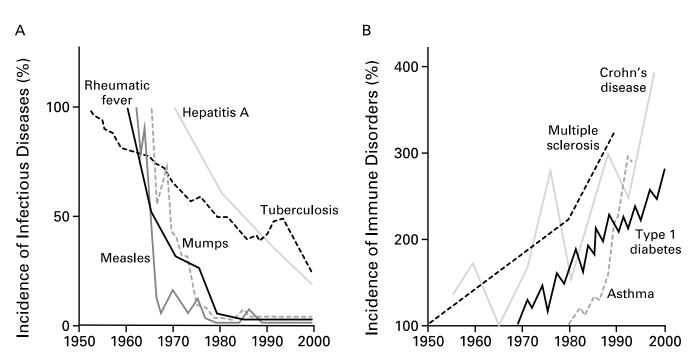
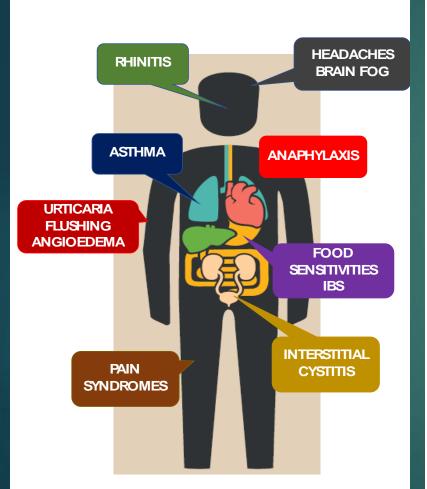
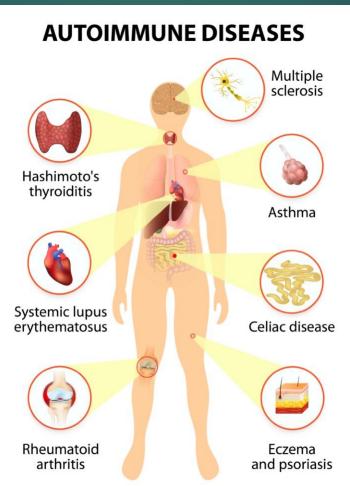


Figure 1. Inverse Relation between the Incidence of Prototypical Infectious Diseases (Panel A) and the Incidence of Immune Disorders (Panel B) from 1950 to 2000.

In Panel A, data concerning infectious diseases are derived from reports of the Centers for Disease Control and Prevention, except for the data on hepatitis A, which are derived from Joussemet et al.¹² In Panel B, data on immune disorders are derived from Swarbrick et al.,¹⁰ Dubois et al.,¹³ Tuomilehto et al.,¹⁴ and Pugliatti et al.¹⁵

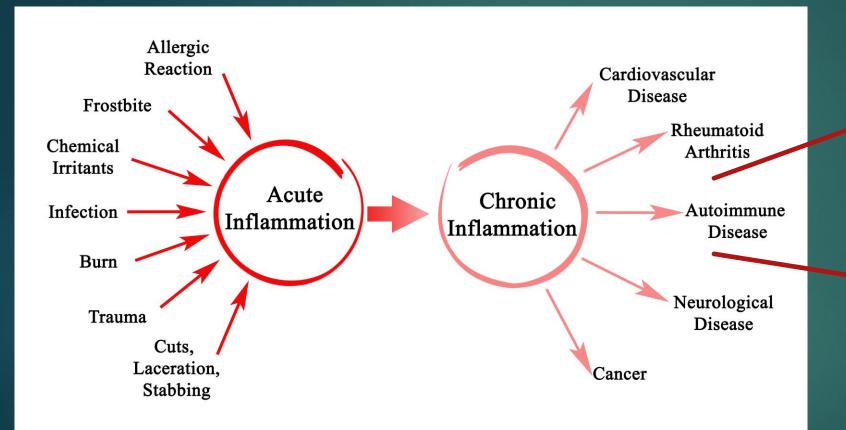


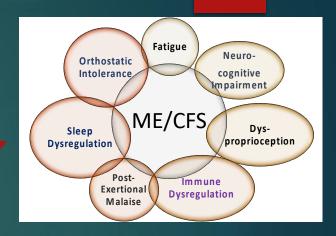


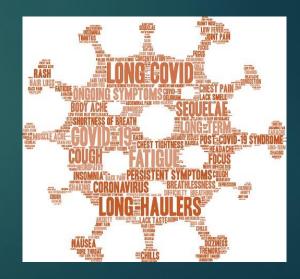


Loss of Tolerance

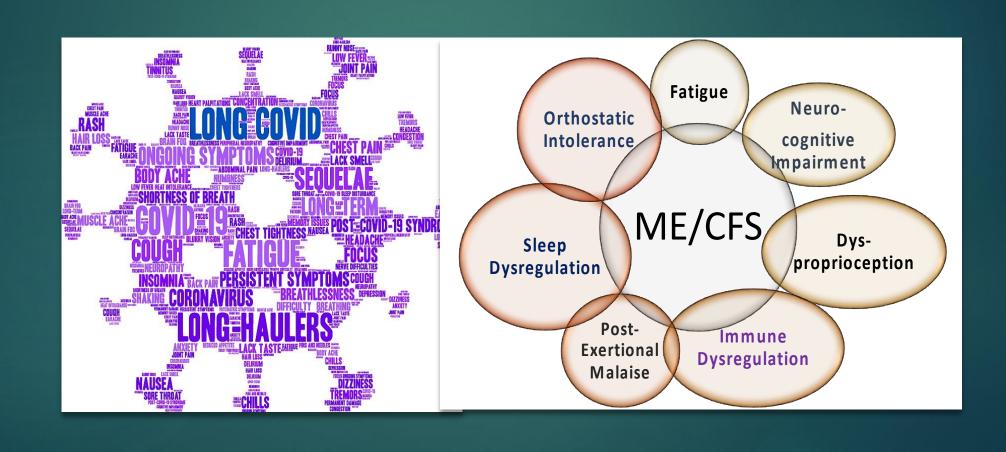
Hypersensitivity

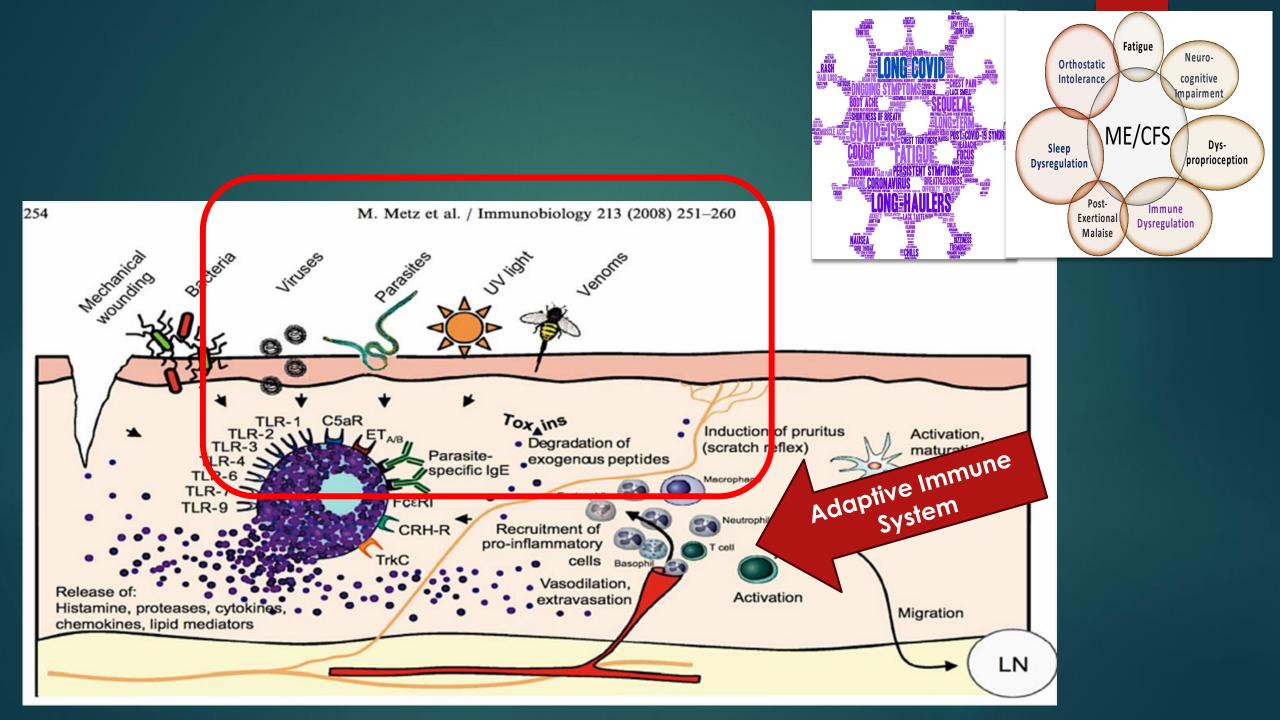


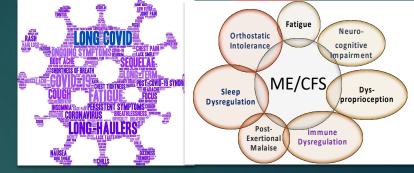


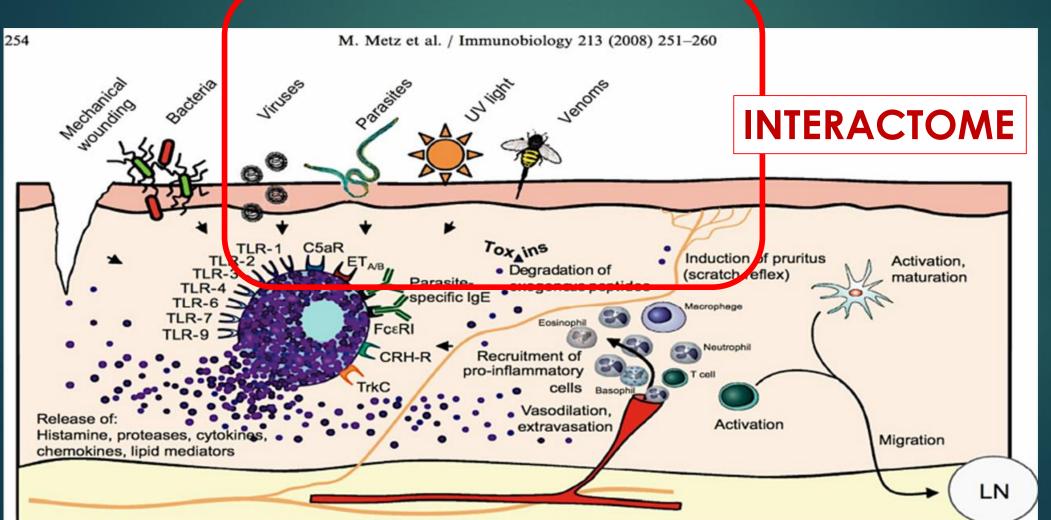


ME/CFS, Long CoVID: An Allergist/Immunologist perspective

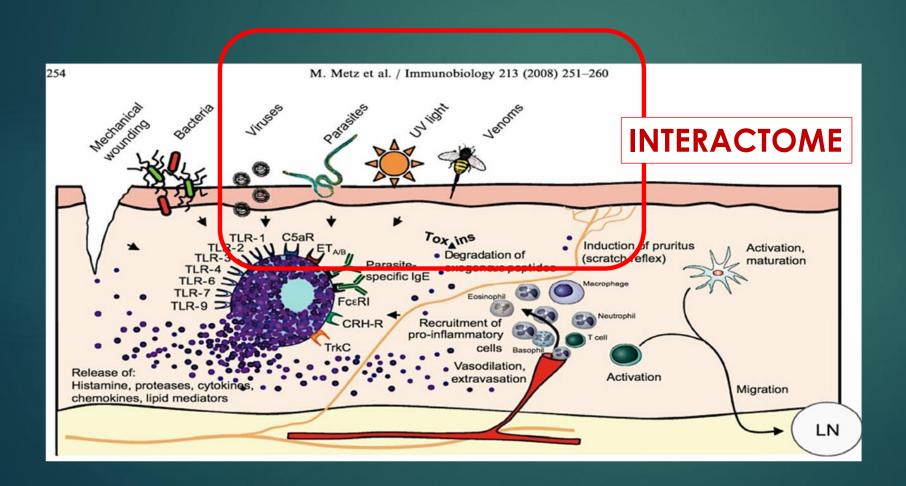




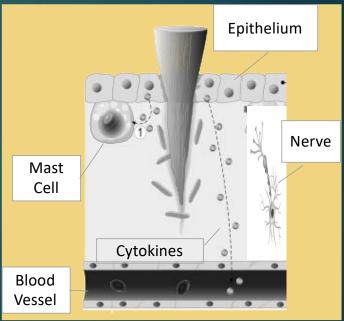




The Interactome: The nervous and the immune systems as surveillance and 1st responders





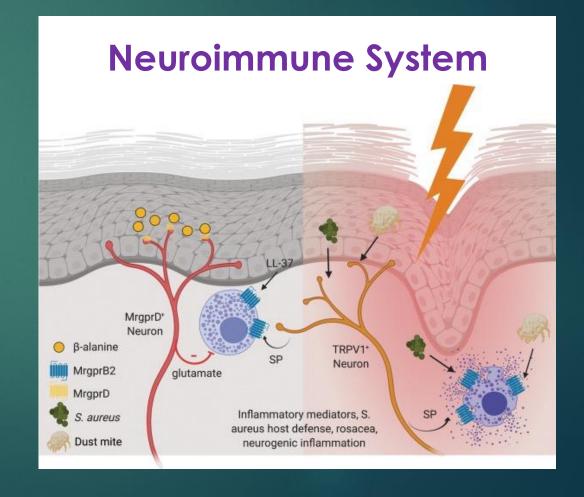


Brief Reviews

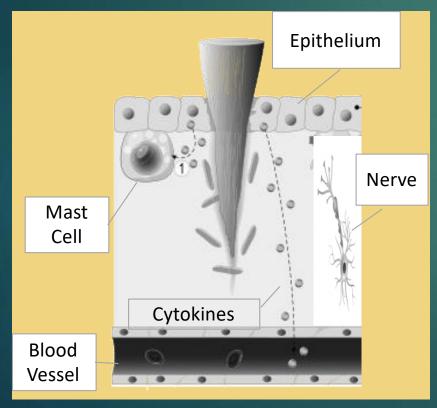
The **Journal** of **Immunology**

Unraveling the Plastic Peripheral Neuroimmune Interactome

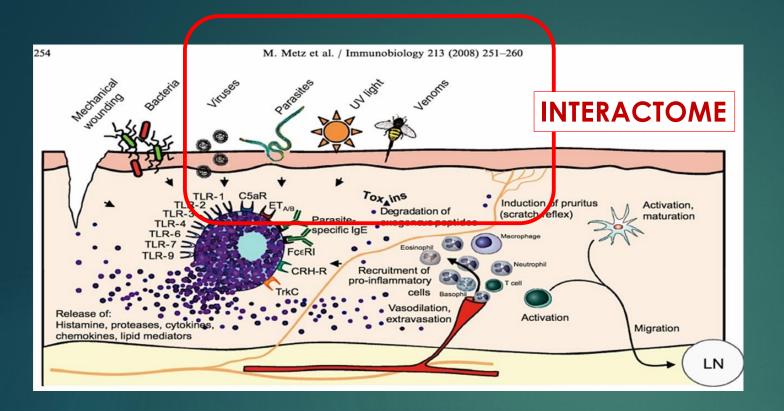
Aakanksha Jain, Sara Hakim, and Clifford J. Woolf







The nervous and the immune systems both protect and warn individuals of local and systemic threats by virtue of many shared functions, including sensing the presence of pathogens as well as injured and dying cells.



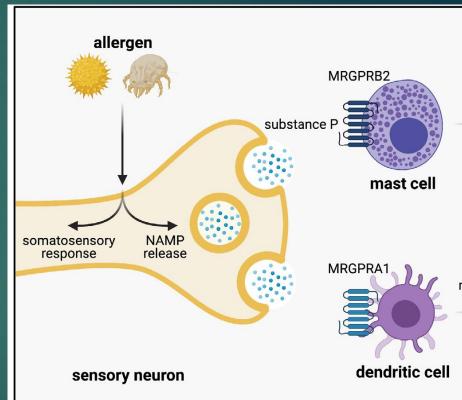
Immunology & Cell Biology 2021; 99: 936–948 www.wileyonlinelibrary.com/journal/icb

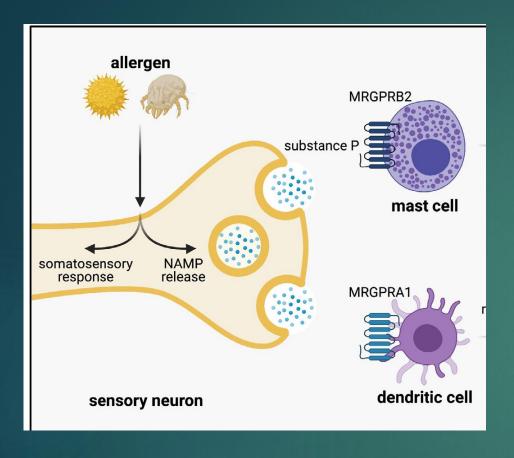
SPECIAL FEATURE REVIEW

A decision tree model for neuroimmune guidance of allergic immunity

Cameron H Flayer, Caroline Perner (D & Caroline L Sokol (D

Division of Rheumatology, Allergy and Immunology, Center for Immunology and Inflammatory Diseases, Massachusetts General Hospital, Harvard Medical School, Boston, MA, USA





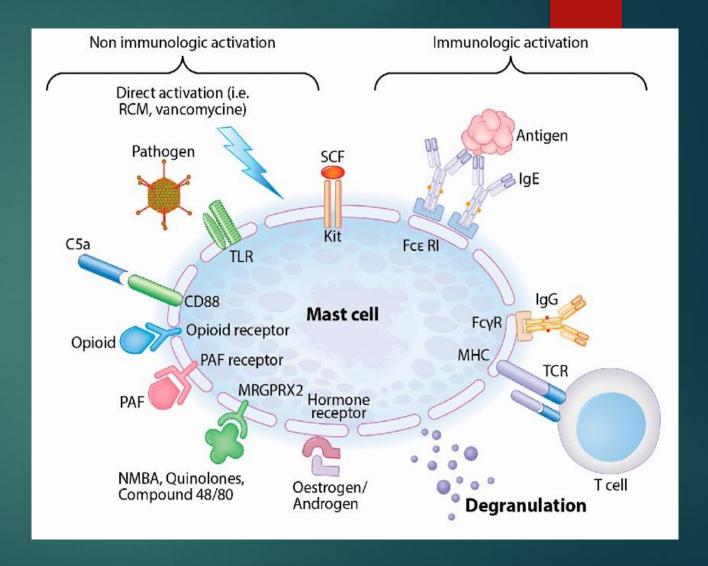
Immunology & Cell Biology 2021; 99: 936–948 www.wileyonlinelibrary.com/journal/icb

SPECIAL FEATURE REVIEW

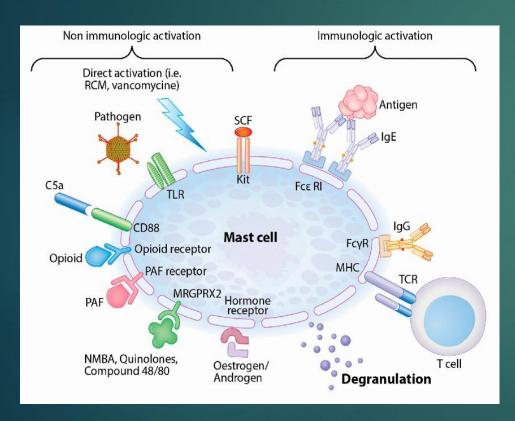
A decision tree model for neuroimmune guidance of allergic immunity

Cameron H Flayer, Caroline Perner (D & Caroline L Sokol (D)

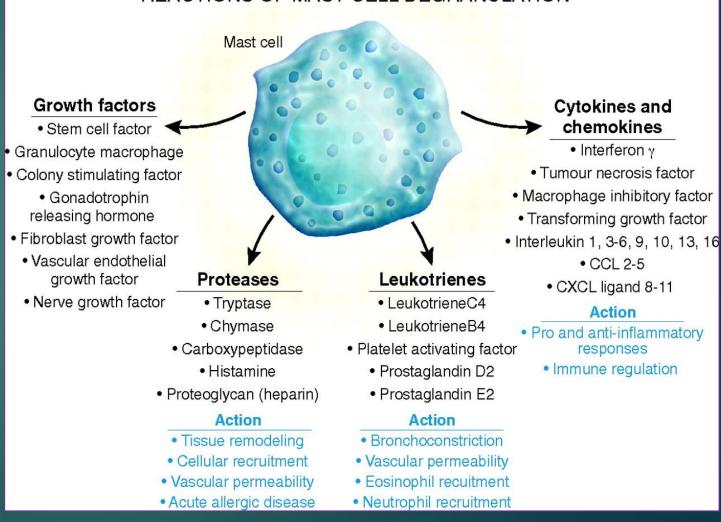
Division of Rheumatology, Allergy and Immunology, Center for Immunology and Inflammatory Diseases, Massachusetts General Hospital, Harvard Medical School, Boston, MA, USA



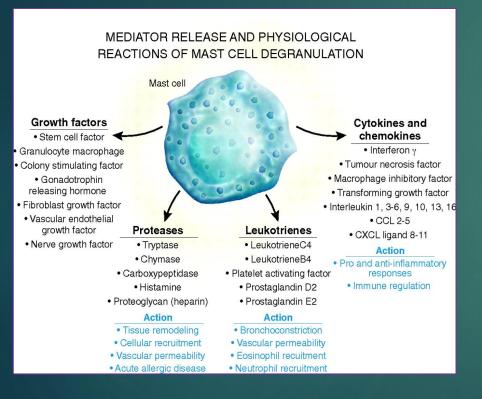
Mast Cells: Surveillance. Response. Repair.

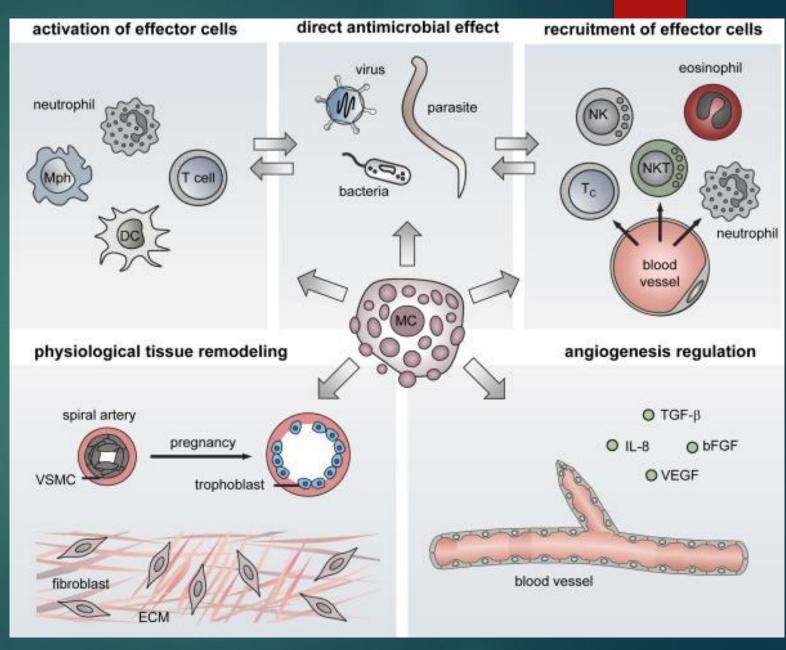


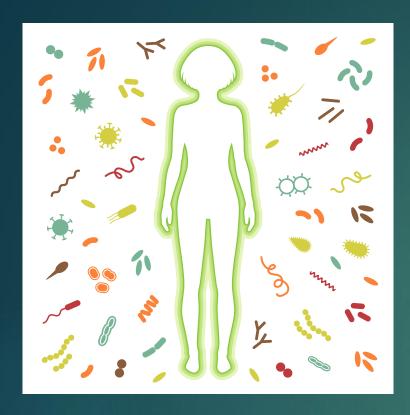
MEDIATOR RELEASE AND PHYSIOLOGICAL REACTIONS OF MAST CELL DEGRANULATION

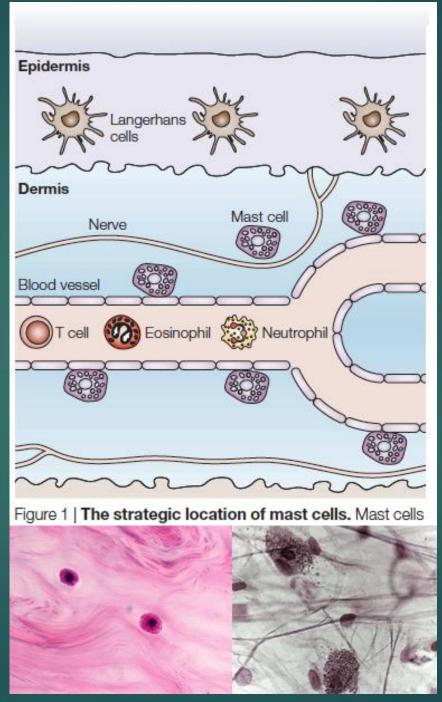


Mast Cells: Surveillance. Response. Repair.



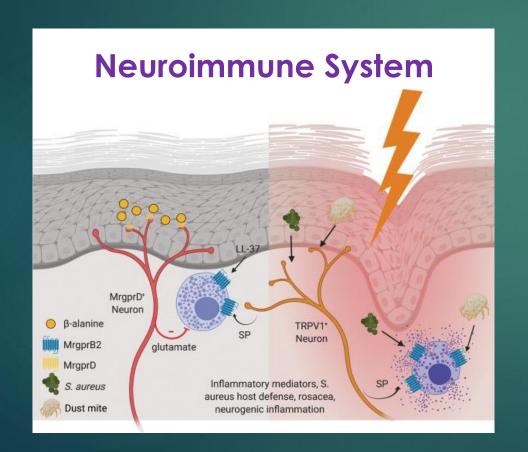




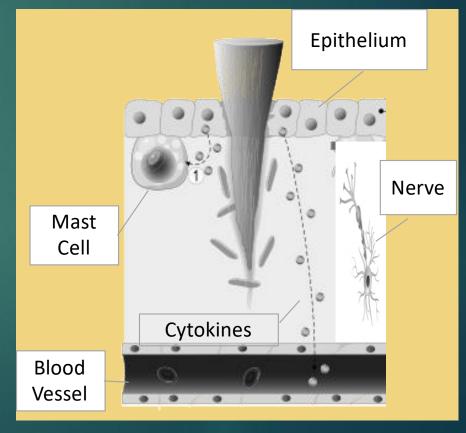


- Nerves and mast cells (MCs) are closely associated with the epithelium.
- Nerve-MCs are located at sites of microbial entry into the host
- Nerve-MCs tend to cluster near blood vessels









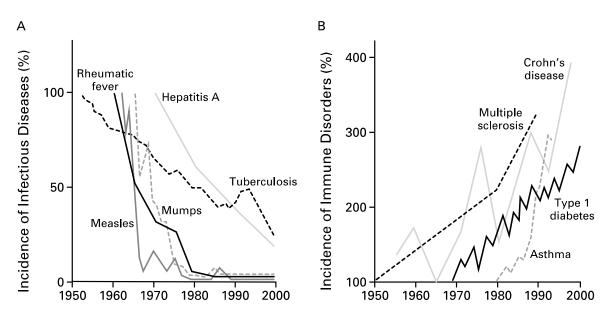


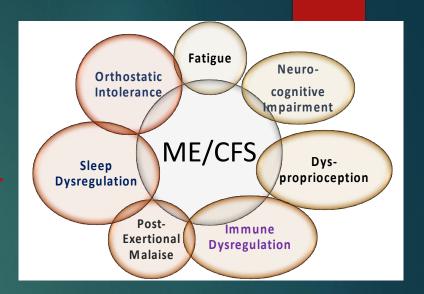
Figure 1. Inverse Relation between the Incidence of Prototypical Infectious Diseases (Panel A) and the Incidence of Immune Disorders (Panel B) from 1950 to 2000.

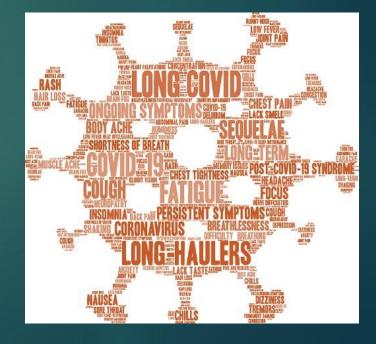
In Panel A, data concerning infectious diseases are derived from reports of the Centers for Disease Control and Prevention, except for the data on hepatitis A, which are derived from Joussemet et al.¹² In Panel B, data on immune disorders are derived from Swarbrick et al.,¹⁶ Dubois et al.,¹⁷ Tuomilehto et al.,¹⁸ and Pugliatti et al.,¹⁸

THE EFFECT OF INFECTIONS
ON SUSCEPTIBILITY TO AUTOIMMUNE
AND ALLERGIC DISEASES

JEAN-FRANÇOIS BACH, M.D., D.Sc.

— and Crohr diseases. The atopic dermat between 1979 many, the inci from 1969 to more than trip to the 1990s.





Is the neuro-immune system not turning off?

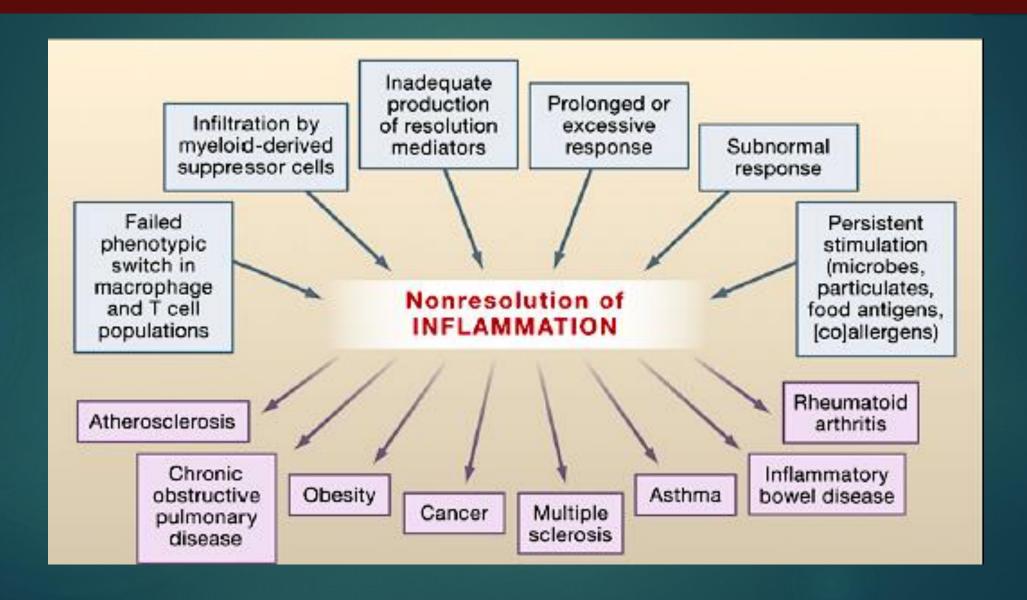


Table I. Classification of urticaria

Group/Subgroup

Spontaneous urticaria

Acute urticaria

Chronic urticaria

Physical urticaria

Acquired cold urticaria Delayed pressure urticaria

Heat urticaria

Solar urticaria

Dermographic urticaria/urticaria

factitia/

Vibratory urticaria/angioedema

Other urticaria disorders

Aquagenic urticaria

Cholinergic urticaria

Contact urticaria

Exercise-induced anaphylaxis/

urticaria

UV: ultraviolet

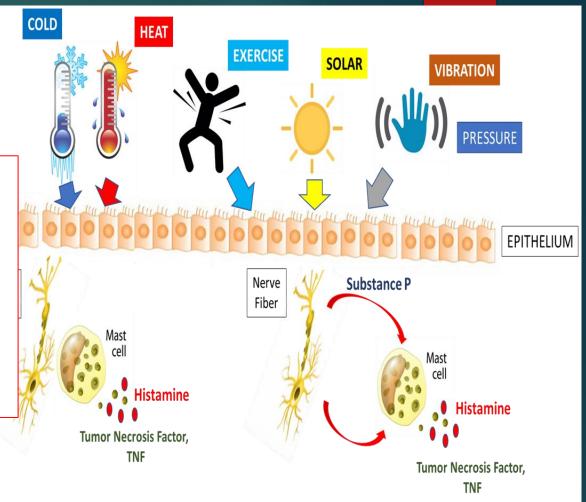
Characteristics

Definition

Spontaneous wheals < 6 weeks

Physical Urticarias:
Direct
Bi-directional
Mast Cell-Nerve
Crosstalk

Water Increase of body temperature Contact with urticariogenic substance Physical exercise



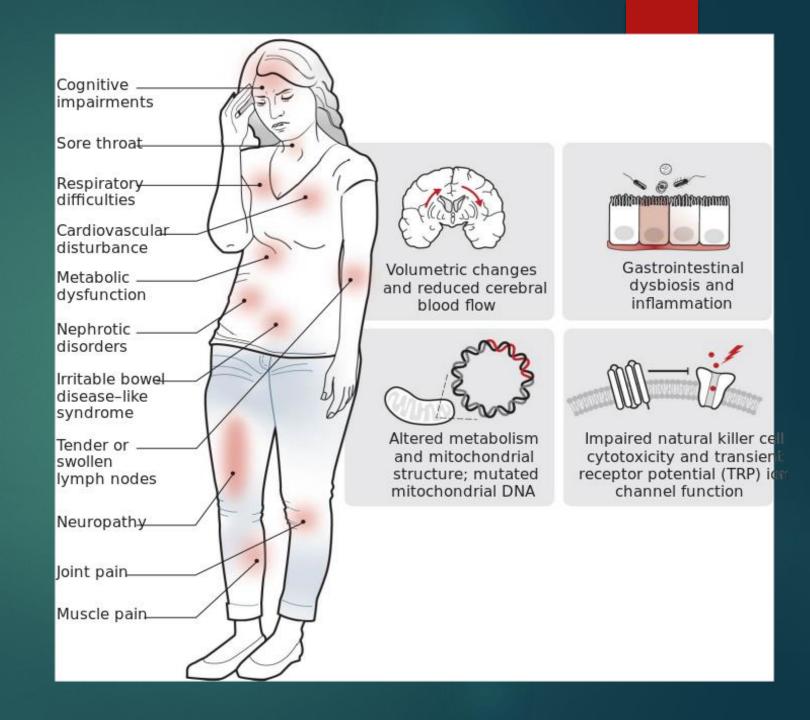


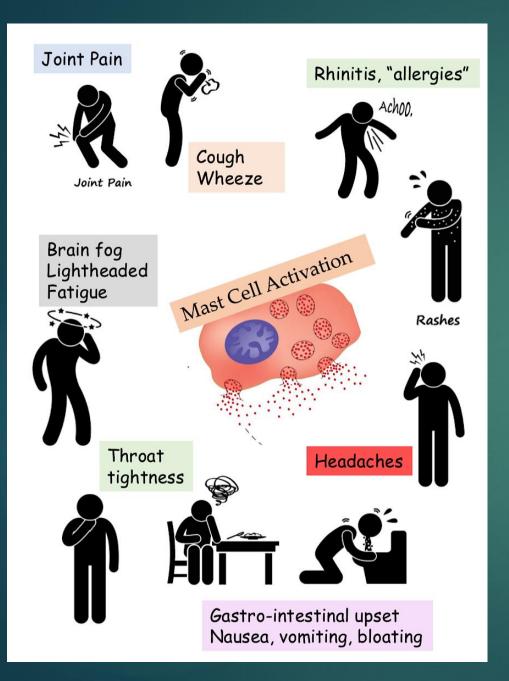
CFS:

Infections

Immune System Changes

Stress (Neuroendocine /Metabolic Changes/ Energy Production)





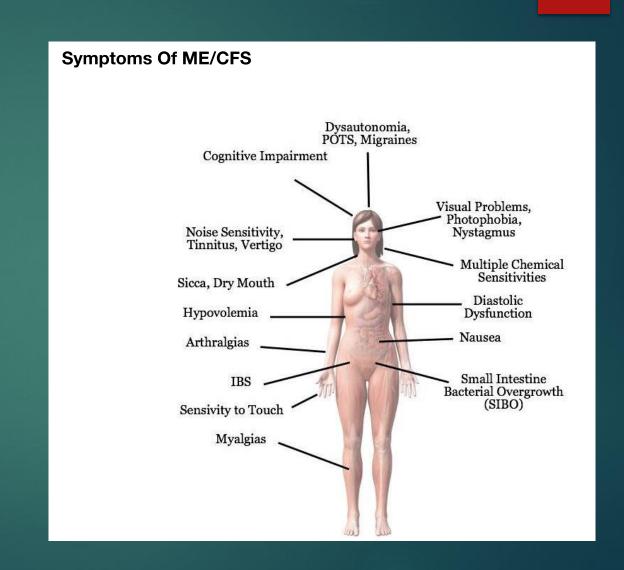
When Anxiety or Depression Masks a Medical Problem

Personal Health

By JANE E. BRODY JUNE 26, 2017

SYSTEMIC **NEUROPSYCHIATRIC** Fatigue Anxiety Post-exertional malaise Depression Insomnia Brain fog (impaired attention, concentration, memory) **PULMONARY** Dyspnea (breathlessness) Ground glass opacities (signs of fibrosis and inflammation) **EARS-NOSE-THROAT** Hypoxemia (low blood oxygen) Sore throat Reduced diffusion capacity Dry cough **CARDIOVASCULAR** (inefficient transfer of gas from lungs to blood) Nonspecific chest pain Myocarditis (inflammation of heart muscle) **ENDOCRINE** Palpitations •High heart rate Diabetic ketoacidosis (high levels of ketones make blood too acidic) **RENAL** Mild thyroiditis Acute kidney injury (inflammation (sudden inability of thyroid gland) to filter) **GASTROINTESTINAL** Diarrhea **DERMATOLOGIC** Loss of appetite Alopecia (hair loss) Rashes **HEMATOLOGIC** MUSCULOSKELETAL Thrombosis (blood clots) Muscle ache Joint Pain

- severe and disabling fatigue that fails to improve with rest;
- multifocal pain
- sleep disruption
- cognitive dysfunction
- mild exertion can exacerbate symptoms
- Viral infection is an established trigger for the onset of ME/CFS symptoms



RESEARCH ARTICLE

Open Access

Illness progression in chronic fatigue syndrome: a shifting immune baseline



Lindsey Russell^{1†}, Gordon Broderick^{1,4,5*†}, Renee Taylor², Henrique Fernandes¹, Jeanna Harvey^{3,4}, Zachary Barnes^{3,4,5}, AnneLiese Smylie¹, Fanny Collado⁴, Elizabeth G. Balbin³, Ben Z. Katz⁶, Nancy G. Klimas^{4,5} and Mary Ann Fletcher^{4,5}

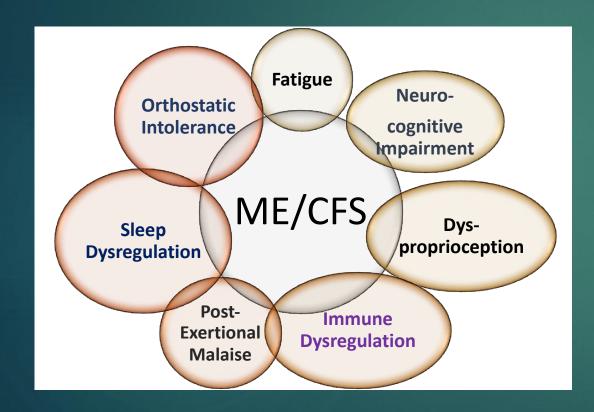
...mounting evidence suggesting that ME/CFS may be characterized by a significant imbalance in [neuroimmune] function and that this imbalance may be perpetuated by an altered homeostatic response





Possible Causes

Scientists have not yet identified what causes myalgic encephalomyelitis/chronic fatigue syndrome (ME/CFS). It is possible that ME/CFS has more than one cause, meaning that patients with ME/CFS could have illness resulting from different causes (see below). In addition, it is possible that two or more triggers might work together to cause the illness.



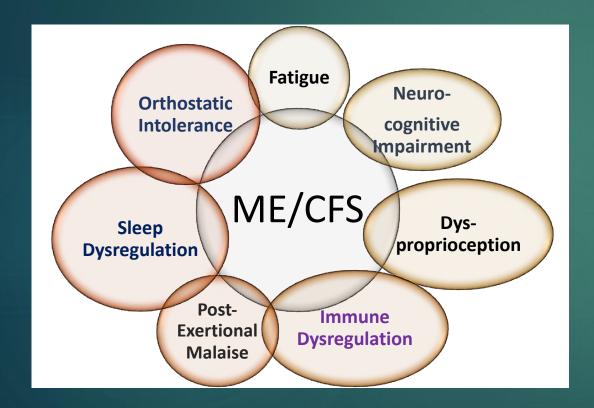
- Chronic production of cytokines (cytokines are proteins that are produced by the immune system and regulate behavior of other cells). Higher levels of cytokines for a prolonged period can lead to changes in the body's ability to respond to stress and might lead to the development of health conditions, including ME/CFS.
- Low-functioning natural killer (NK) cells. NK cells are cells of the immune system that help the body fight infections. Many patients with ME/CFS have NK cells with lower functional ability to fight infections. Studies have found that the poorer the function of NK cells in ME/CFS patients, the worse the severity of the illness. NK cell function tests are hard to do and their results are not reliable outside of research studies. Because of this problem, NK cell function testing is not yet useful for healthcare providers. Also, low NK cell function can occur in other illnesses and thus cannot be used to diagnose ME/CFS.
- P Differences in markers of T-cell activation. T-cells are cells of the immune system that help activate and suppress immune responses to infections. If they become too active or not active enough, the immune response does not work as it should. However, not all patients with ME/CFS appear to have these differences in markers of T-cell activation.





Possible Causes

Scientists have not yet identified what causes myalgic encephalomyelitis/chronic fatigue syndrome (ME/CFS). It is possible that ME/CFS has more than one cause, meaning that patients with ME/CFS could have illness resulting from different causes (see below). In addition, it is possible that two or more triggers might work together to cause the illness.



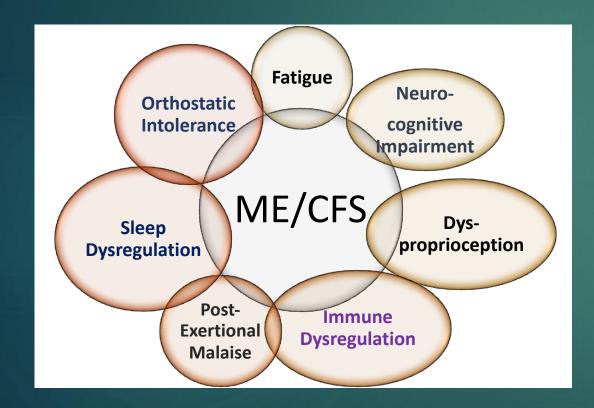
- Chronic production of cytokines (cytokines are proteins that are produced by the immune system and regulate behavior of other cells). Higher levels of cytokines for a prolonged period can lead to changes in the body's ability to respond to stress and might lead to the development of health conditions, including ME/CFS.
- Low-functioning natural killer (NK) cells. NK cells are cells of the immune system that help the body fight infections. Many patients with ME/CFS have NK cells with lower functional ability to fight infections. Studies have found that the poorer the function of NK cells in ME/CFS patients, the worse the severity of the illness. NK cell function tests are hard to do and their results are not reliable outside of research studies. Because of this problem, NK cell function testing is not yet useful for healthcare providers. Also, low NK cell function can occur in other illnesses and thus cannot be used to diagnose ME/CFS.
- Differences in markers of T-cell activation. T-cells are cells of the immune system that help activate and suppress immune responses to infections. If they become too active or not active enough, the immune response does not work as it should. However, not all patients with ME/CFS appear to have these differences in markers of T-cell activation.



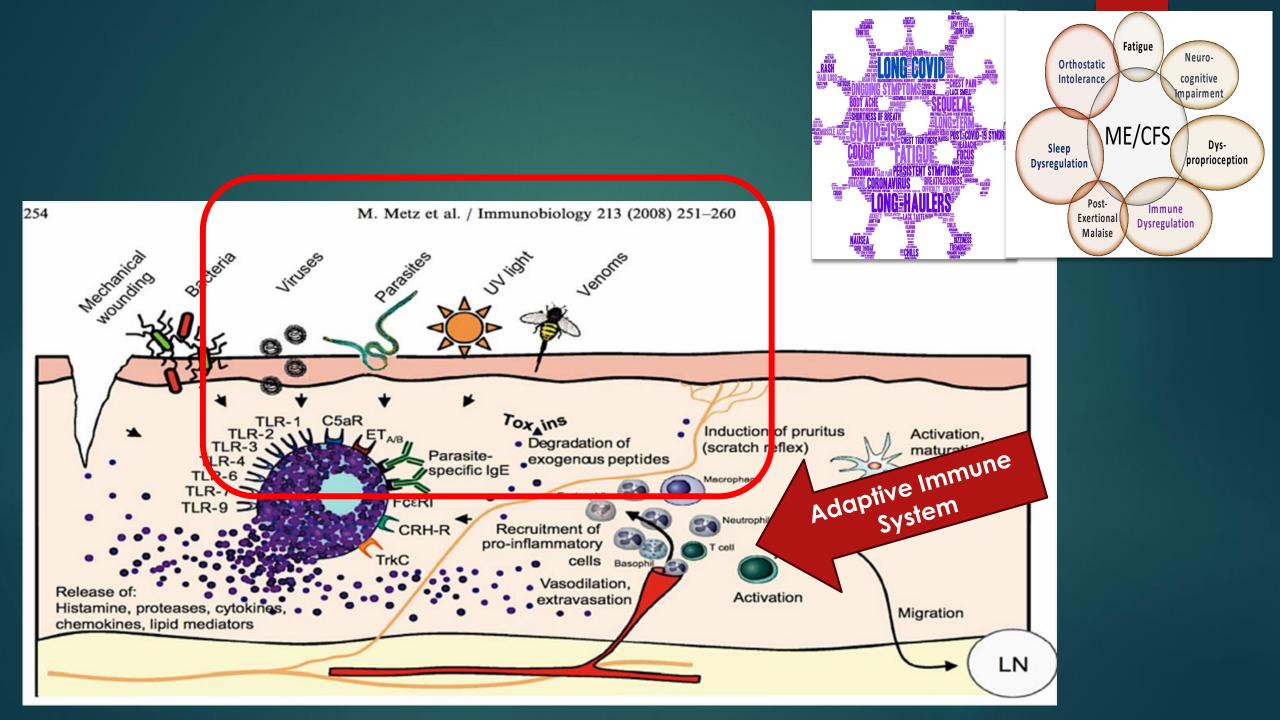


Possible Causes

Scientists have not yet identified what causes myalgic encephalomyelitis/chronic fatigue syndrome (ME/CFS). It is possible that ME/CFS has more than one cause, meaning that patients with ME/CFS could have illness resulting from different causes (see below). In addition, it is possible that two or more triggers might work together to cause the illness.

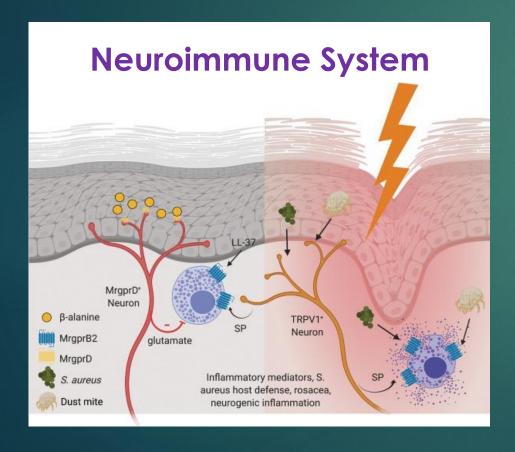


- Chronic production of cytokines (cytokines are proteins that are produced by the immune system and regulate behavior of other cells). Higher levels of cytokines for a prolonged period can lead to changes in the body's ability to respond to stress and might lead to the development of health conditions, including ME/CFS.
- Low-functioning natural killer (NK) cells. NK cells are cells of the immune system that help the body fight infections. Many patients with ME/CFS have NK cells with lower functional ability to fight infections. Studies have found that the poorer the function of NK cells in ME/CFS patients, the worse the severity of the illness. NK cell function tests are hard to do and their results are not reliable outside of research studies. Because of this problem, NK cell function testing is not yet useful for healthcare providers. Also, low NK cell function can occur in other illnesses and thus cannot be used to diagnose ME/CFS.
- Differences in markers of T-cell activation. T-cells are cells of the immune system that help activate and suppress immune responses to infections. If they become too active or not active enough, the immune response does not work as it should. However, not all patients with ME/CFS appear to have these differences in markers of T-cell activation.

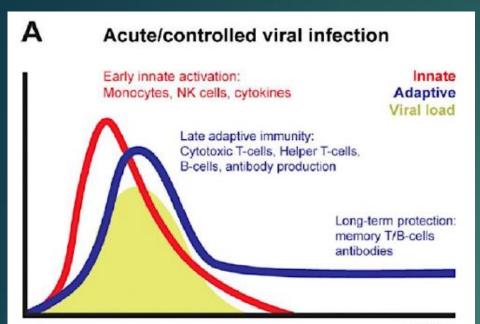


Long CoVID: The Next Chapter in the COVID-19 Pandemic

The American Society of Microbiology, 2022

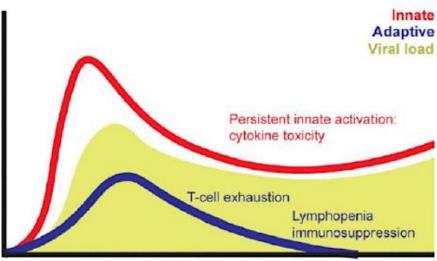




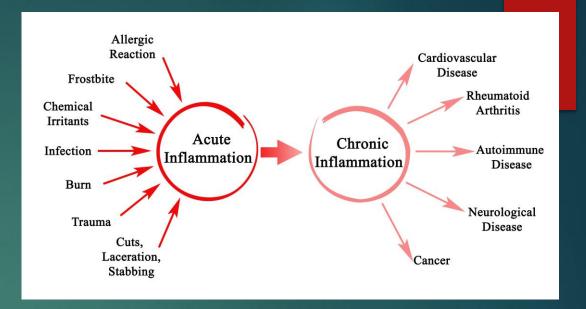


Time

B Chronic/uncontrolled viral infection



Time





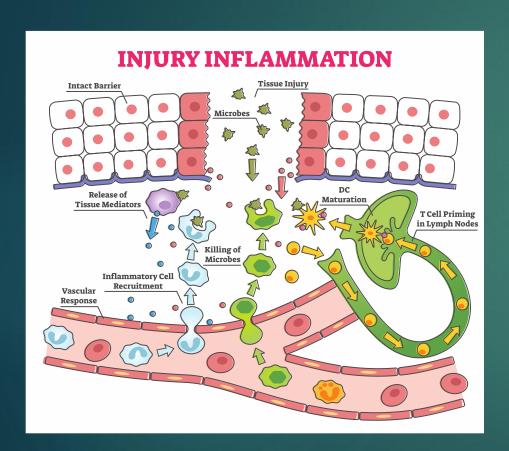
Published: 30 September 2021 doi: 10.3389/fmmu.2021.742941

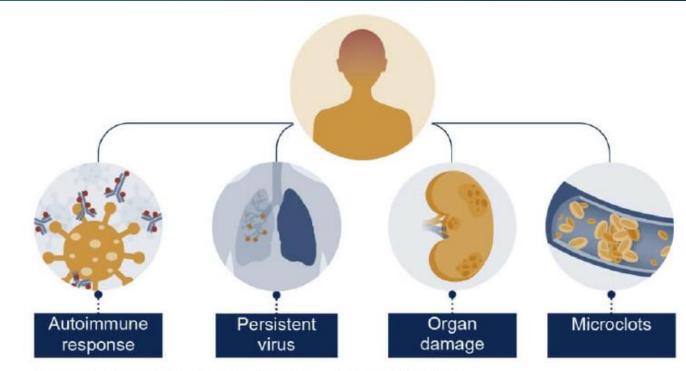


Hyperinflammatory Immune Response and COVID-19: A Double Edged Sword

Li Yin Tan 1,2, Thamil Vaani Komarasamy 1 and Vinod RMT Balasubramaniam 1*

Long CoVID/ ME- CFS





Source: GAO analysis of medical literature. | GAO-22-105666

Pathogenesis of post-COVID-19 condition.

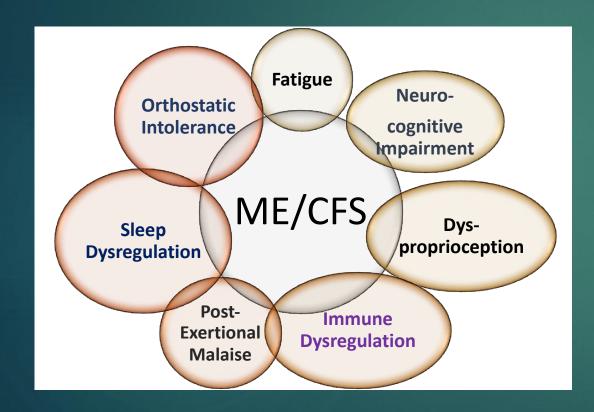
Source: https://www.gao.gov/assets/gao-22-105666.pdf





Possible Causes

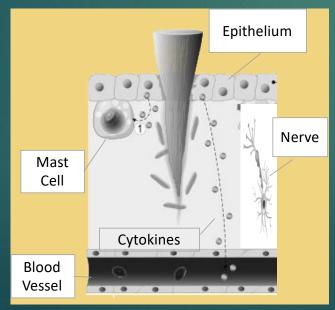
Scientists have not yet identified what causes myalgic encephalomyelitis/chronic fatigue syndrome (ME/CFS). It is possible that ME/CFS has more than one cause, meaning that patients with ME/CFS could have illness resulting from different causes (see below). In addition, it is possible that two or more triggers might work together to cause the illness.

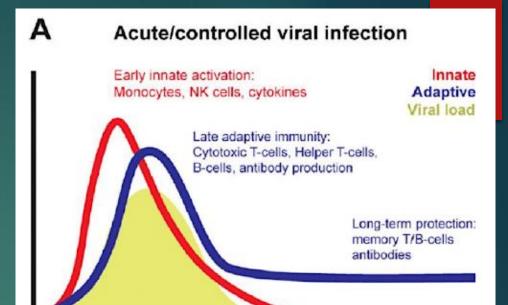


- Chronic production of cytokines (cytokines are proteins that are produced by the immune system and regulate behavior of other cells). Higher levels of cytokines for a prolonged period can lead to changes in the body's ability to respond to stress and might lead to the development of health conditions, including ME/CFS.
- Low-functioning natural killer (NK) cells. NK cells are cells of the immune system that help the body fight infections. Many patients with ME/CFS have NK cells with lower functional ability to fight infections. Studies have found that the poorer the function of NK cells in ME/CFS patients, the worse the severity of the illness. NK cell function tests are hard to do and their results are not reliable outside of research studies. Because of this problem, NK cell function testing is not yet useful for healthcare providers. Also, low NK cell function can occur in other illnesses and thus cannot be used to diagnose ME/CFS.
- P Differences in markers of T-cell activation. T-cells are cells of the immune system that help activate and suppress immune responses to infections. If they become too active or not active enough, the immune response does not work as it should. However, not all patients with ME/CFS appear to have these differences in markers of T-cell activation.



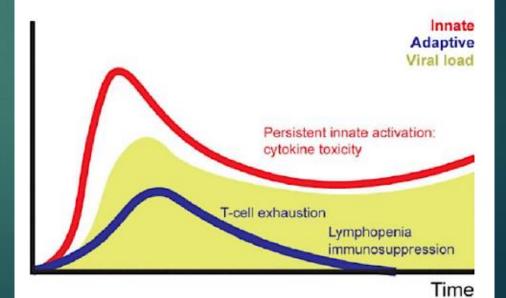




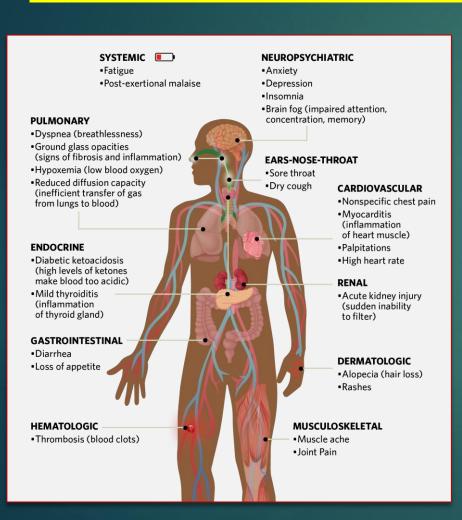


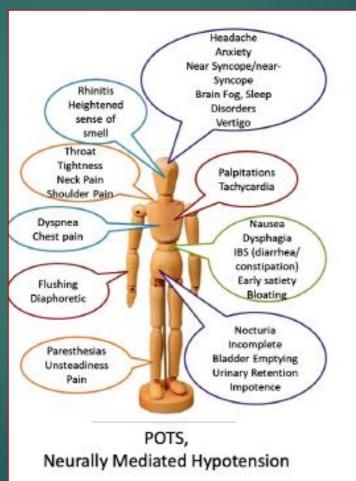
Time

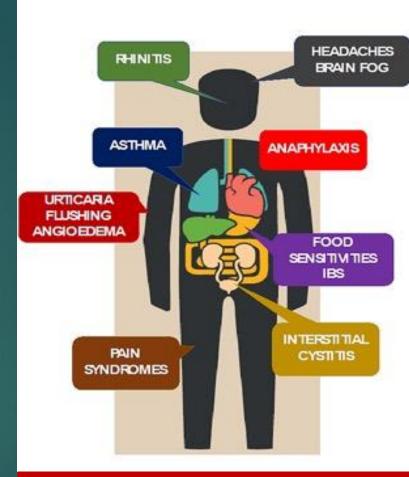
B Chronic/uncontrolled viral infection



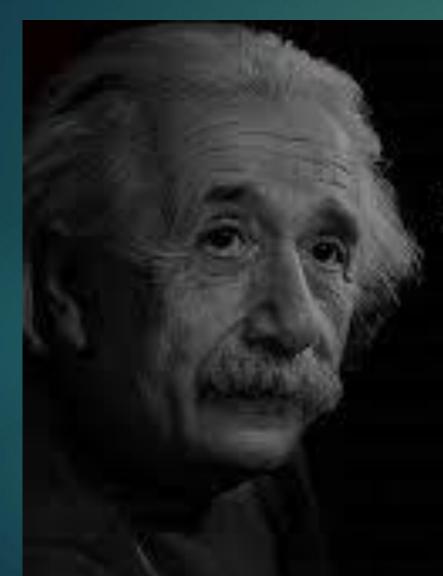
If you have ME/CFS, Long CoVID, then screen for







Mast Cell Activation
Disease

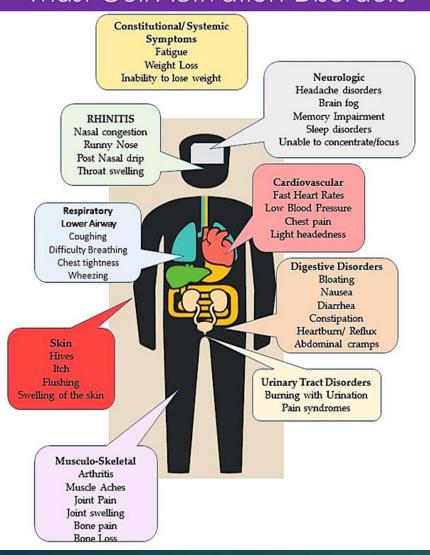


The world is a dangerous place, not because of those who do evil, but because of those who look on and do nothing.

Albert Einstein / @InspiringThinkn

MCA in 2 or more organ systems?

Mast Cell Activation Disorders



Mast cell activation syndrome: Proposed diagnostic criteria

Cem Akin, MD, PhD, a* Peter Valent, MD, and Dean D. Metcalfe, MD Ann Arbor, Mich, Vienna, Austria, and Bethesda, Md

Better with anti-MC/MC mediator medications?



- Histamine Blockade
- Leukotriene Antagonists
- Cromones
- Omalizumab
- Ketotifen

MCA events associated w/validated MCA markers

- Tryptase
- Urine Methylhistamine
- Urine Prostaglandin D2
- Urine 11- Beta
 Prostaglandin F2alpha
- C kit mutation- tissue, peripheral blood
- CD25+ MC in biopsies
- Clustered MC in biopsies

Got 'Nerve-MC issues'? questionnaire

Gastro-intestinal tract (Irritable bowel syndrome screen)	 Have discomfort or pain anywhere in your abdomen? Do you have more frequent bowel movements or episode of diarrhea and/or constipation? Do you experience bloating or abdominal distension, after eating? Do you have to rush to the bathroom because of a sudden urge to have a bowel movement? 	
Uro-genital tract (screen for intestitial cystitis)	 Do you have pain in your bladder or pelvis (vagina, lower abdomen, urethra, perineum)? Do you have pain or urge to urinate? Do you get out of bed to urinate? 	
Screening for Urogenital problems in girls/women	For women: do you experience dyspareunia (pain during or aftersexual intercourse), recurrent bouts of vaginitis or cope with heavy/sporadic vaginal bleeding?	
	Do you experience urticaria (hives)?	

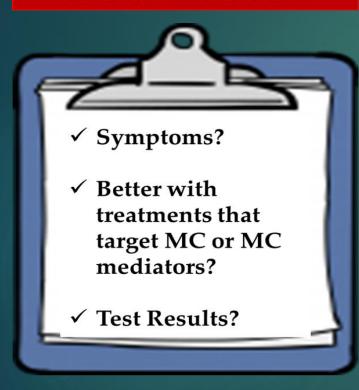
Do you experience angioedema (skin swelling)?

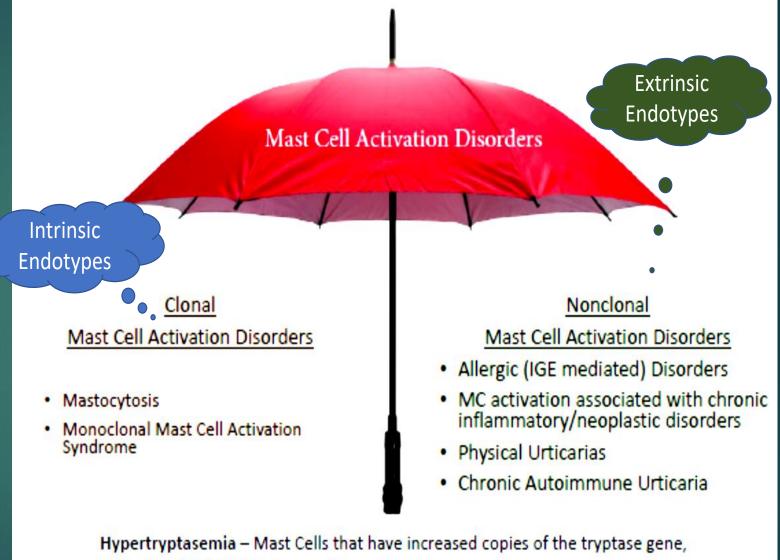
Do you experience flushing?

Skin

	Headache disorders	
Neuropsychiatric	Mood disorders (anxiety and/ or depression?	
(screen for	o Pain syndrome	
neuropathies	o Tingling /Paresthesias /Weakness	
and mood	Difficulty with concentration?	
disorders)	Difficulty with memory?	
	o Difficulty with balance?	
	Watery runny nose, Sneezing fits?	
	Nasal obstruction?	
	o Itchy nose?	
Eyes/ Ears/ Nose	o feeling of being unable to breathe through your nose??	
/ Sinuses/Throat	o mucus in the back of your throat / "post nasal drip"?	
	o fullness /pain in ears ?	
	Watery, Itchy eyes?	
	Have you had any trouble breathing?	
	o Feeling short of breath?	
Lungs (Asthma Screen)	Episodes of coughing?	
	Episodes of wheezing?	
	Have you ever been given an inhaler by a doctor to help your breathing?	
	Do you experience angioedema (swelling of the tongue, lips, hands, feet)?	
	Do you experience pruritis (itch without rash)?	
	Do you experience or flushing (redness, heat sensation of the skin)?	
Cardiovascular	Do you experience palpitations or extra heartbeats?	
Cardiovascular	Do you experience episodes of low blood pressure?	
	Do you experience episodes of lightheadedness or nearly fainting?	
Mussula skalatal	Da	
Musculo-skeletal system,	 Do you experience increase joint pain or swelling? Do you experience increase muscle cramps? 	
Joints	Do you experience increase muscle cramps? Do you experience muscle weakness?	
Joints	5 Do you experience muscle weakness:	

Diagnosis: MCAS Checklist





Hypertryptasemia – Mast Cells that have increased copies of the tryptase gene patients exhibit MCAS signs and Symptoms Idiopathic – Idiopathic anaphylaxis, Idiopathic Urticaria Allergen testing **Celiac Panel** EGD/ Colonoscopy

PIDD

evaluation

Primary

Immune

Deficiency

Disorder

(wheat/gluten, peanuts, eggs, nuts and shellfish, milk*, egg*, soy*)

Medications

Some food

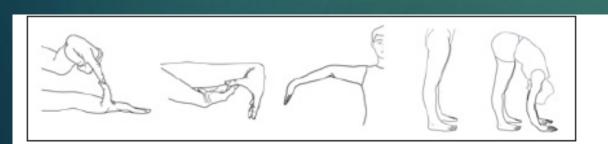
- Airbone Allergens
- Insect stings or bites
- Autoimmune Disorders
- Infections

 Physical stimuli, such as pressure, cold, heat, exercise or sun exposure

Allergen testing

Rheumatology Panel ANA, RF, ANCA, Thyroid Abs Neuonal Abs PIDD evaluation

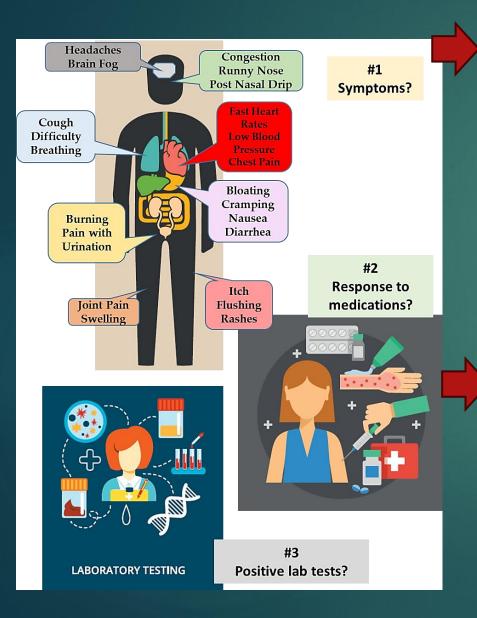
> **Connective Tissue Disorder EDS Screen**



If 5 of 9 are present with a sensitivity of 99.6% and a specificity of 98% there is a form of EDS present:

- Peri-arthralgia (more then 1 joint more then 3 months)
- Fatigue (chronic, disabling more then 6 months)
- motor dysproprioception (the door sign)
- joint instability (subluxations, dislocations often autoreducing)
- skin fragility (atrophic scarring, delayed wound healing)
- Hypermobility (pos Beighton / 5 point historic questionnaire / pos glomerulo-humeral abduction above 95 degrees),
- gastro-esophageal reflux (treated)
- Ecchymosis (spontaneous)
- Hyperacusis (fragility to sounds below 50 decibel)
- Hamonet C., et al. "Ehlers-Danlos Syndrome (EDS) Contribution to Clinical Diagnosis - A Prospective Study of 853 Patients". EC Neurology 10.6 (2018).

Treating MCAD...



Cardiac conditions

Coronary hypersensitivity (the Kounis syndrome)*
Postural orthostatic tachycardia syndrome

Endocrine conditions

Fibromyalgia Parathyroid tumor Pheochromocytoma Carcinoid syndrome

Digestive conditions

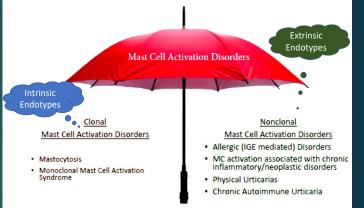
Adverse reaction to food* Eosinophilic esophagitis* Eosinophilic gastroenteritis* Gastroesophageal reflux disease; Gluten enteropathy; Irritable bowel syndrome; Vasoactive intestinal peptide-secreting tumor

Immunologic conditions

Auto-inflammatory disorders such as deficiency of inter-leukin-1-receptor antagonist*; Familial hyper-IgE syndrome Vasculitis*

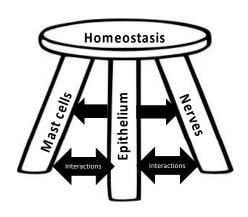
Neurologic/psychiatric conditions

Anxiety; Chronic fatigue syndrome Depression; Headaches; Mixed organic brain syndrome; Somatization disorder; Autonomic dysfunction; Multiple sclerosis

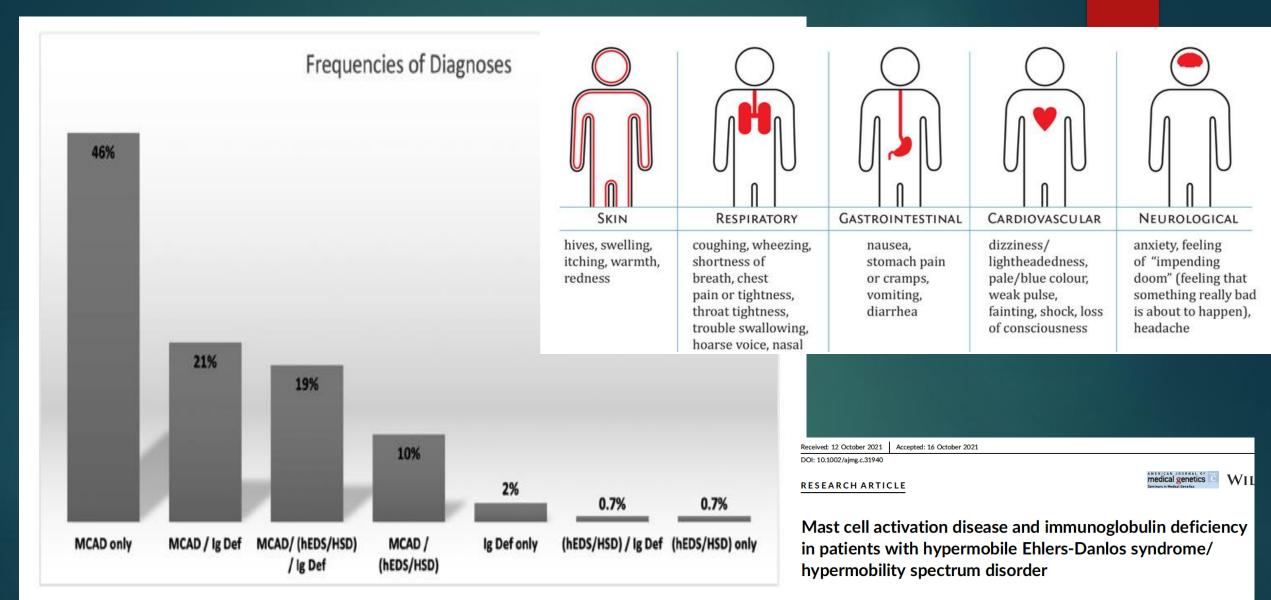


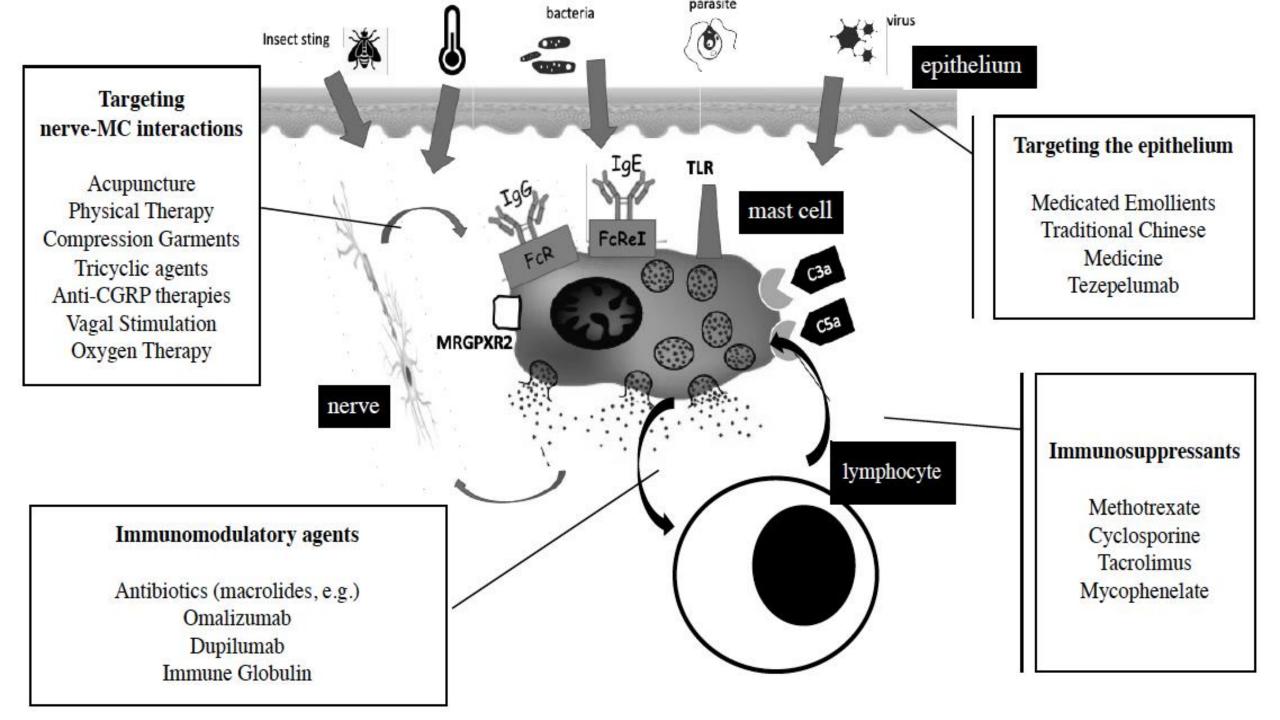
Hypertryptasemia – Mast Cells that have increased copies of the tryptase gene, patients exhibit MCAS signs and Symptoms

Idiopathic - Idiopathic anaphylaxis, Idiopathic Urticaria



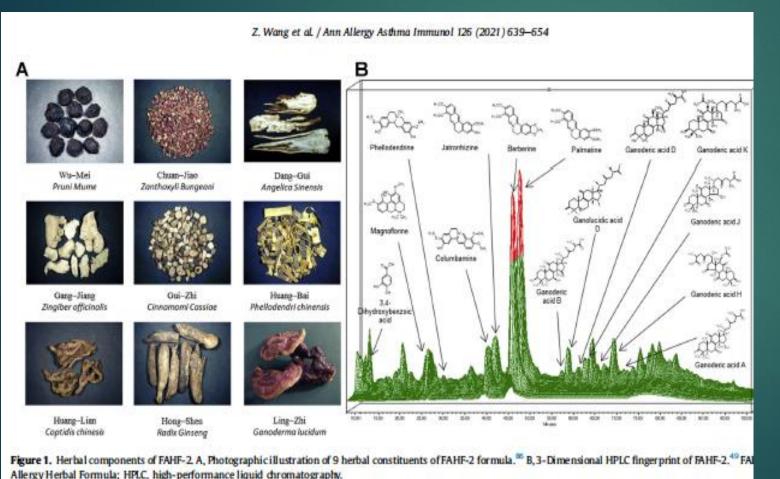
MCAD Phenotypes

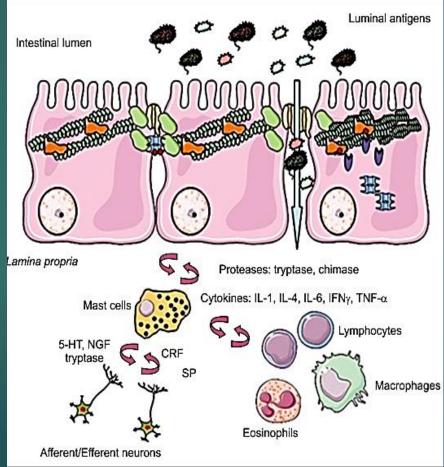




Traditional Chinese medicine for food allergy and eczema

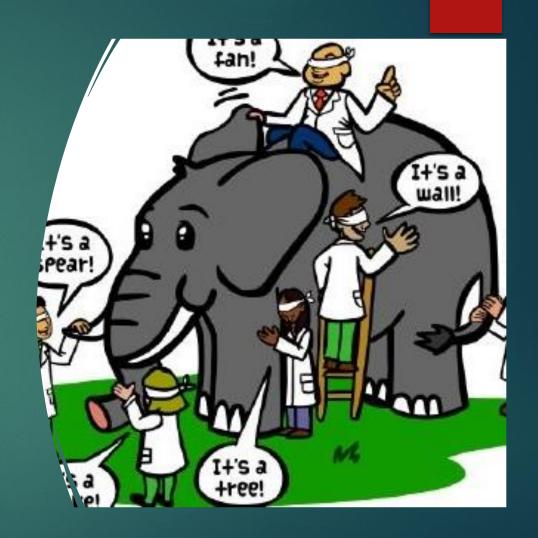
Zixi Wang, Zhen-Zhen Wang, Jan Geliebter, Raj Tiwari, Xiu-Min Li Ann Allergy Asthma Immunol 126 (2021) 639e654



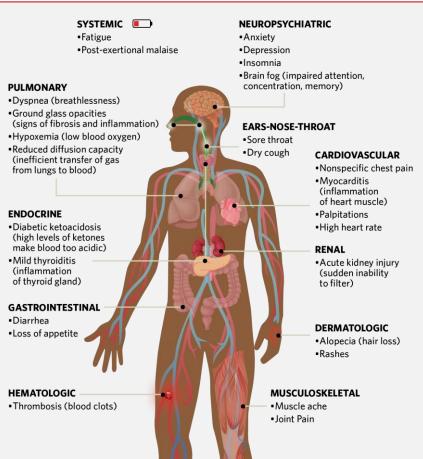


"[ME-CFS] is complex and considered to be currently incurable" if one adopts an all or nothing approach to ME-CFS"

– Bateman, Medscape 2018



ME/CFS and M.A.D. = The Neuroimmune Axis Gone Awry



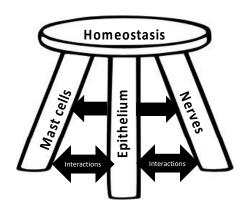




Hypertryptasemia – Mast Cells that have increased copies of the tryptase gene, patients exhibit MCAS signs and Symptoms

· Chronic Autoimmune Urticaria

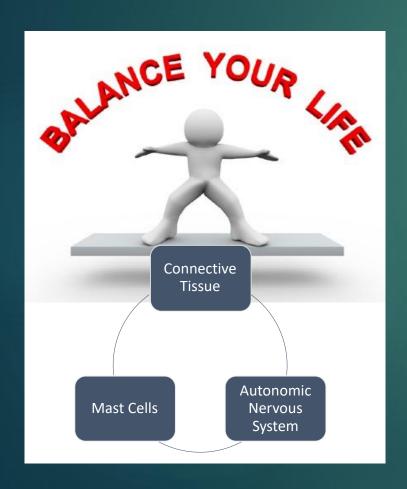
Idiopathic - Idiopathic anaphylaxis, Idiopathic Urticaria

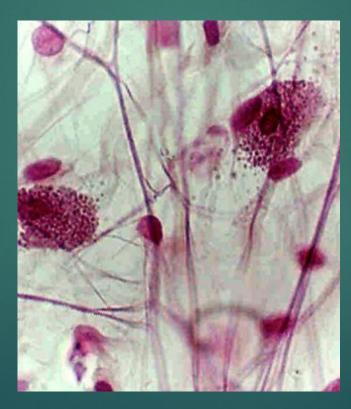


MCAD Phenotypes

Gratitude

anne.maitland@mssm.edu





- Dr. Xiu-Min Li and her laboratory and colleagues
- Comprehensive Allergy & Asthma Care
- Clinical Paradigms, LLC, Drs. Brock and Pizano
- ► Ehlers Danlos Society
- Bobby Jones Chiari Syringomyelia Society
- Mt Sinai- South Nassau Hospital- Chiari/EDS center







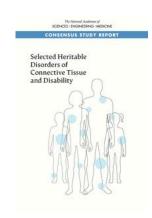


Selected Heritable Disorders of Connective Tissue and Disability

The U.S. Social Security Administration has requested the National Academies of Sciences, Engineering, and Medicine establish an ad hoc committee to review certain heritable conditions related to connective tissues, including but not necessarily limited to Ehlers-Danlos syndrome and Marfan syndrome. The Committee will use published evidence and professional experience to develop a report that will examine the diagnosis, treatment, and prognosis of the selected conditions, as well as levels of associated functional limitation, in adults and children in the U.S. population.

Provide feedback on this project

Publications



2022

Selected Heritable **Disorders of Connective** Tissue and Disability

Heritable disorders of connective tissue (HDCTs) are a diverse group of inherited genetic disorders and subtypes. Because connective tissue is found throughout the body, the impairments associated with HDCTs manifest in multiple body systems and may change or vary in severity throughout an affected individual's lifetime. In some cases, these impairments may be severe

RESOURCES



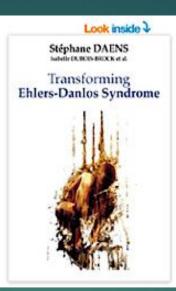
Report Highlights



Report Conclusions

https://www.nationalacademies.org/our-work/selected-heritable-disorders-of-connective-tissue-and-disability

https://www.nationalacademies.org/our-work/selected-heritable-disorders-of-connectivetissue-and-disability

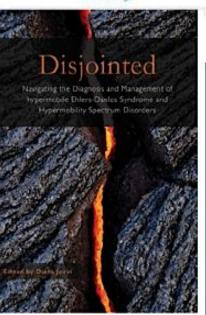


Transforming Ehlers-Danlos Syndrome: A Global Vision of the Disease - The Epigenetic Revolution - Emergencies

Paperback - January 13, 2022

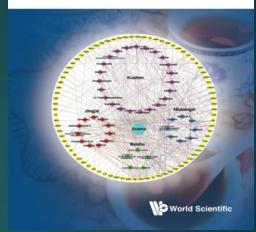
by Stéphane DAENS (Author), Isabelle DUBOIS BROCK (Author), RAAL (Illustrator), Yannick ATAMBONA (Translator), & 6 more

13 ratings



Treating Eczema with Traditional **Chinese Medicine**

Xiu-Min Li · Henry Ehrlich



Mast Cell Activation Disease Society tmsforacure.org