

# Chronic Fatigue Syndrome (CFS) and related illnesses: A case history supporting subacute mercury poisoning or “micromercurialism”

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## Abstract

The immunological findings in CFS patients have now been explained, especially chronic T-cell activation as the result of  $T_H2$  cell production in difference to  $T_H1$  cell production. Significant depletion of the sulfhydryl-containing(-SH) amino acid, L-cysteine and the sulfhydryl-containing(-SH) tripeptide, glutathione, concentrations are explained by the body's attempt to excrete the mercury introduced by vaccination and/or diet, resulting in competing T-cell processes not able to downregulate each other. Once these sulfhydryl-containing (-SH) amino acid/tripeptide concentrations are returned to normal, the  $T_H1/T_H2$  ratio will normalize and said chronic  $T_H2$ -cell activation would cease. Low selenium levels have also explained by the formation of potentially hydrophobic mercury selenides and this further explains the elevated mercury levels seen in organs like the brain, liver and testicles. The interruption of metabolic pathways, such as carbohydrate metabolism leading to Diabetes Mellitus II in select CFS patients, has also been elucidated and evidence presented which support the influence of heavy metals like mercury playing a significant role.

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