

PUBLIC LECTURE
SATURDAY, SEPTEMBER 11TH, 2010
3 PM
The Niche, 11 Aberdare Rd (cnr Hospital Ave) NEDLANDS

Dr Byron Hyde, M.D.

AUTHOR OF: -MISSED DIAGNOSES: MYALGIC ENCEPHALOMYELITIS & CHRONIC FATIGUE SYNDROME 2009
-THE CLINICAL AND SCIENTIFIC BASIS OF MYALGIC ENCEPHALOMYELITIS/CHRONIC FATIGUE SYNDROME 1992

Dr Byron Hyde founded the Nightingale Foundation, Canada, named after Florence Nightingale who exhibited similar symptoms to those seen in M.E. and CFS.

Today, Nightingale's priorities are individual patient-based research with total body / brain investigation of M.E. and CFS patients as well as the development of a sophisticated database to consolidate these findings for analysis and publication.

The uniqueness of his work is in its emphasis on total body mapping of all systems and organs so that he can understand the nature and complexity of the M.E. and CFS patients' illnesses. He is one of the few physicians worldwide whose practice has consisted solely of the investigation of M.E. and CFS patients since 1984.

PRESENTED BY:



"I want to talk about how I investigate ME and CFS patients,

the difference between the two diagnoses, and

what we have found when investigating these patients, plus

I also wish to discuss some pretty amazing new finds that lie hidden under the diagnosis of Fibromyalgia." Dr Byron Marshall Hyde, M.D.

ME/CFS SOCIETY OF WA

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September 2nd, 2010

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Specifically, I will discuss the following:

The infectious and other origins of M.E. and CFS and what provoked me to take up this area of medicine.

Why the unitary theory of disease first developed by William Ostler in the 1890s cannot be used to evaluate these patients who frequently have multi-system, multi-organ pathologies. What are these multi-system, multi-organ pathologies?

The pathophysiology of illness in this group of chronically disabled patients and how to investigate this group of patients. This will include a discussion of the diagnosis of post-infectious dysautonomia as a major cause of chronic illness.

The costly pursuit of cause and frequently bogus treatment by patients.

Treatment and the negative role of the insurance industry in getting some of these M.E. patients back to work.

How the "Web" has too frequently distributed false or erroneous information to both patients and physicians, causing many physicians to shun the complex, labour intensive M.E. and CFS patients.

The relationship of the ever-falling real income and the ever falling number of available physician hours per patient over the past 40 years has forced physicians to become increasingly efficient and in effect has largely caused them to abandon the investigation of these complex but fascinating M.E. and CFS patients.

An ample question period for both physicians and patient groups.

I will be happy to discuss any other area of this group of illness subject to time and the interest of physicians and patients.

Sincerely,
Byron M. Hyde MD