



## Hopefulone

Messages

51

Likes

131

I now have no doubt that atorvastatin has been successful in helping me overcome ME/CFS, which I have had since 1994.

I would like to emphasise the fact that all this happened accidentally. When I started taking atorvastatin, no one had any idea that it could help ME/CFS. It took me a lot of research on the net to find a possible explanation for my recovery. I was fortunate to find an article by Dr Jacob Teitelbaum. This was posted in the Latest ME/CFS Research forum recently. (See <https://www.psychologytoday.com/au/...ng-new-discovery-in-treating-cfs-fibromyalgia>)

Remember that there hasn't even been a clinical trial of this treatment approach (to the best of my knowledge). So it is unknown how other people will react, and it is not known if the treatment will be harmful to some people.

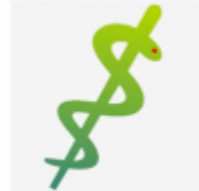
[#1](#)

[Like](#) [Quote](#) [Reply](#)

[Oct 4, 2019](#)

[Report](#)

Likes: [GlassCannonLife](#), [L'engle](#), [Wayne](#) and 4 others



## Hip

Senior Member

Messages

16,511

Likes

35,805

[Hopefulone said:](#)

I now have no doubt that atorvastatin has been successful in helping me overcome ME/CFS, which I have had since 1994.

I am a bit confused: in your recent [intro post](#), you said that you have moderate ME/CFS. But here you are stating that you have recovered.

New Patient? ► [ME/CFS — A Roadmap for Testing and Treatment](#)

[#2](#)

[Like](#) [Quote](#) [Reply](#)

[Oct 4, 2019](#)

[Report](#)

Likes: [Dechi](#)



## [Hopefulone](#)

Messages

51

Likes

131

[Hip said:](#)

I am a bit confused: in your recent [intro post](#), you said that you have moderate ME/CFS. But here you are stating that you have recovered.

Yes, I did have moderate ME/CFS in September. I am improving daily, but there is obviously a long way to go to experience complete healing. At the moment, I have a lot of muscle fatigue in the legs probably because my muscles aren't used to doing as much as they have been doing.

[#3](#)

[Like](#) [Quote](#) [Reply](#)

[Oct 4, 2019](#)

[Report](#)

Likes: [GlassCannonLife](#), [Wayne](#), [sb4](#) and 1 other person



## [Wishful](#)

Senior Member

Messages

4,032

Likes

7,328

Location

[Alberta](#)

It's far too early for everyone here to go out and try it. It might be one of those things that corrects a medical abnormality unique to you, which in turn affects your ME. I have two things that work great for me, but don't seem to work on anyone else. I don't recall anyone else here reporting that statins helped their ME.

Some people just get lucky, and find something that works well for them, but them alone. Even if it only works for you, it still might help a researcher ask the question 'Why would this help someone with ME?' and maybe that will lead to a new line of research.

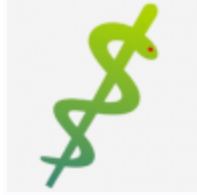
[#4](#)

[Like](#) [Quote](#) [Reply](#)

[Oct 5, 2019](#)

[Report](#)

Likes: [Learner1](#), [Jessie 107](#), [Judee](#) and 2 others



## Hip

Senior Member

Messages

16,511

Likes

35,805

[Hopefulone said:](#)

Yes, I did have moderate ME/CFS in September. I am improving daily, but there is obviously a long way to go to experience complete healing. At the moment, I have a lot of muscle fatigue in the legs probably because my muscles aren't used to doing as much as they have been doing.

Did you start taking atorvastatin in the last few months then, and you think that's what led to the big improvement in your ME/CFS over the last month?

[New Patient?](#) ► [ME/CFS — A Roadmap for Testing and Treatment](#)

[#5](#)

[Like](#) [Quote](#) [Reply](#)

[Oct 5, 2019](#)

[Report](#)

Likes:[sb4](#)



## Hopefulone

Messages

51

Likes

131

[Wishful said:](#)

Even if it only works for you, it still might help a researcher ask the question 'Why would this help someone with ME?' and maybe that will lead to a new line of research.

I am hoping that a researcher will find some answers to why it has helped me. There is extremely little information around, apart from Dr Jacob Teitelbaum's article that I posted earlier.

[#6](#)

[Like](#) [Quote](#) [Reply](#)

[Oct 5, 2019](#)

[Report](#)

Likes:[sb4](#)



## [Hopefulone](#)

Messages

51

Likes

131

[Hip said:](#)

Did you start taking atorvastatin in the last few months then, and you think that's what led to the big improvement in your ME/CFS over the last month?

I had a stroke on 7th September. I was given atorvastatin in hospital to reduce my chance of having further strokes. As far as I can figure out, it is the only drug that I have ever taken that is theoretically capable of having some effect on the ME/CFS disease process.

[#7](#)

[Like](#) [Quote](#) [Reply](#)

[Oct 5, 2019](#)

[Report](#)

Likes: [GlassCannonLife](#), [L'engle](#), [sb4](#) and 3 others



## [Wishful](#)

Senior Member

Messages

4,032

Likes

7,328

Location

[Alberta](#)

[Hopefulone said:](#)

As far as I can figure out, it is the only drug that I have ever taken that is theoretically capable of having some effect on the ME/CFS disease process.

Hardly proof of connection. The two things that work well for me don't have any known theoretical reasons for working. Many (most?) things that did have theoretical bases for working on ME either didn't affect my symptoms or made them worse. It's hard to have a theoretical basis for a treatment for ME when we still don't know what ME actually is. So far it's mostly guesses.

Maybe your stroke triggered some change that caused the improvements. I'm not saying that the statin couldn't be responsible; just that the evidence for it is fairly weak. If you went on and off the drug several times, and your symptoms correlated with the drug level, that would be reasonably strong evidence.

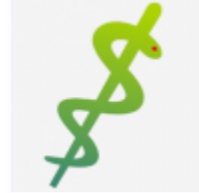
[#8](#)

[Like](#) [Quote](#) [Reply](#)

[Oct 5, 2019](#)

[Report](#)

Likes: [Judee and sb4](#)



## Hip

Senior Member

Messages

16,511

Likes

35,805

[Hopefulone said:](#)

I had a stroke on 7th September. I was given atorvastatin in hospital to reduce my chance of having further strokes.

Interesting, so the improvements in your ME/CFS appeared ever since you started that drug. Can I ask, once you started the atorvastatin, how long did it take before you began to notice improvements in your ME/CFS?

I see in your intro post you also mention that your ME/CFS is ' "chronic and relapsing" meaning that I have been relatively well followed by periods of moderate to severe symptoms'. Autoimmune diseases are often relapsing-remitting, so perhaps your ME/CFS might be autoimmune in nature.

I found [this paper](#) which observed that in brain-injured mice, atorvastatin increases T-reg cells (which may help suppress autoimmunity), reduces pro-inflammatory classical (M1) microglial activation in the brain, but increases the beneficial brain-repairing alternative (M2) form of microglial activation.

And I mentioned earlier in [this post](#) that atorvastatin is mildly antiviral for cytomegalovirus. Would you know if you have any chronic active viral infections (have you been tested for viruses), and in particular if you have cytomegalovirus?

Did the stroke had any negative effects on your brain, by the way? There is some research showing that hyperbaric oxygen can help in terms of brain repair after stroke — see [this post](#).

New Patient? ► [ME/CFS — A Roadmap for Testing and Treatment](#)

[#9](#)

[Like](#) [Quote](#) [Reply](#)

[Oct 5, 2019](#)

[Report](#)

Likes: [GlassCannonLife](#), [L'engle](#), [Judee](#) and 2 others



## [Hopefulone](#)

Messages

51

Likes

131

[Hip said:](#)

Interesting, so the improvements in your ME/CFS appeared ever since you started that drug. Can I ask, once you started the atorvastatin, how long did it take before you began to notice improvements in your ME/CFS?

In a few days.

[Hip said:](#)

Would you know if you have any chronic active viral infections (have you been tested for viruses), and in particular if you have cytomegalovirus?

I don't know if I had any chronic active viral infections, as I haven't been tested for viruses. However, I had severe glandular fever that led to ME/CFS. Suspect that the Epstein Barr virus has been bothering me ever since.

#10

[Like](#) [Quote](#) [Reply](#)

[Oct 5, 2019](#)

[Report](#)

Likes: [GlassCannonLife](#), [L'engle](#) and [sb4](#)



## [Hip](#)

Senior Member

Messages

16,511

Likes

35,805

[Hopefulone said:](#)

However, I had severe glandular fever that led to ME/CFS. Suspect that the Epstein Barr virus has been bothering me ever since.

Were you tested for EBV at the time of your glandular fever? Although glandular fever is caused by EBV 90% of the time, more rarely it can be caused by cytomegalovirus.

New Patient? ► [ME/CFS — A Roadmap for Testing and Treatment](#)

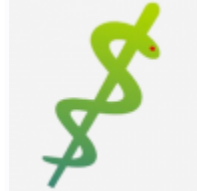
#11

[Like](#) [Quote](#) [Reply](#)

[Oct 5, 2019](#)

[Report](#)

Likes: [GlassCannonLife](#)



## Hip

Senior Member

Messages

16,511

Likes

35,805

[Hopefulone](#) said:

In a few days.

That seems far too fast to be due to an antiviral effect. In ME/CFS, antivirals take many months to begin to show effect. So for atorvastatin to start working within days suggests the benefits you are getting from it do not come from any antiviral effect, but may come from some other effect this drug has. Just what that effect might be is anyone's guess.

By the way, since you say your ME/CFS follows a relapsing-remitting course, how are you distinguishing the improvements in your ME/CFS symptoms obtained from atorvastatin, from the improvements in symptoms you spontaneously get every now and then via the relapsing-remitting course of your ME/CFS?

New Patient? ► [ME/CFS — A Roadmap for Testing and Treatment](#)

#12

[Like](#) [Quote](#) [Reply](#)

[Oct 5, 2019](#)

[Report](#)

Likes: [L'engle, Judee, sb4](#) and 1 other person



## Hopefulone

Messages

51

Likes

131

[Hip](#) said:

By the way, since you say your ME/CFS follows a relapsing-remitting course, how are you distinguishing the improvements in your ME/CFS symptoms obtained from atorvastatin, from the improvements in symptoms you spontaneously get every now and then via the relapsing-remitting course of your ME/CFS?

I was struggling with a consistent fatigue pattern, and resting/ sleeping 13 hours in every 24 period. There was no hint of any improvement for a few years prior to September 2019. In fact, I seemed to be getting worse. That all changed a short time later. I have never had such a rapid improvement in my condition.

[#13](#)

[Like](#) [Quote](#) [Reply](#)

[Oct 5, 2019](#)

[Report](#)

Likes: [L'engle, Wayne, sb4 and 3 others](#)



[pattismith](#)

Senior Member

Messages

3,415

Likes

6,637

[@Hopefulone](#) ,

your story is worth sharing, as it might help someone else, but lots of ME/CFS patients have low cholesterol.

And lot's of people don't tolerate statins because of muscle side effects:

"The reported incidence varies greatly, ranging between 5% and 29% with milder symptoms being common and, the rare, more serious form, rhabdomyolysis being far rarer with an incidence of approximately 1 in 10,000 "

...

"Some clinicians proceed to muscle biopsy and electron microscopy in severe cases. A case series of 279 biopsies from patients with statin myopathy show a 24% incidence ( $n = 67$ ) of mitochondrial dysfunction on either histochemistry and/or electron microscopy [\[27\]](#). Ten percent ( $n = 29$ ) had abnormal respiratory chain enzyme activity"

[#14](#)

[Like](#) [Quote](#) [Reply](#)

[Oct 6, 2019](#)

[Report](#)

Likes: [Loba Esteparia, L'engle and sb4](#)





## Hopefulone

Messages

51

Likes

131

[pattismith said:](#)

your story is worth sharing, as it might help someone else, but lots of ME/CFS patients have low cholesterol.

The only reason that I am on atorvastatin is that the hospital said that I was at high risk of another stroke. I don't know what my cholesterol level is, but it was never a problem before.

[pattismith said:](#)

And lot's of people don't tolerate statins because of muscle side effects:

"The reported incidence varies greatly, ranging between 5% and 29% with milder symptoms being common and, the rare, more serious form, rhabdomyolysis being far rarer with an incidence of approximately 1 in 10,000 "

...

I am intending to reduce my dosage because it is at 80mg. I understand this is quite high and detrimental in the long term.

[#15](#)

[Like](#) [Quote](#) [Reply](#)

[Oct 6, 2019](#)

[Report](#)

Likes: [L'engle](#), [sb4](#) and [pattismith](#)



## pattismith

Senior Member

Messages

3,415

Likes

6,637

[Hopefulone said:](#)

I am intending to reduce my dosage because it is at 80mg. I understand this is quite high and detrimental in the long term.

sorry, I didn't mean you should change your dosage, it's fine if you can tolerate it and if you get benefit from it.

I just meant to make other people aware that it is not always a safe drug.

[#16](#)

[Like](#) [Quote](#) [Reply](#)

[Oct 6, 2019](#)

[Report](#)

Likes: [Learner1](#)



[pamojja](#)

Senior Member

Messages

2,293

Likes

3,332

Location

[Austria](#)

[Hopefulone said:](#)

The only reason that I am on atorvastatin is that the hospital said that I was at high risk of another stroke. I don't know what my cholesterol level is, but it was never a problem before.

Aside from its seemingly clear benefit to ME/CFS in your case, also be aware of it's numbers needed to treat (NNT) for stroke prevention:

### [Statins Given for 5 Years for Heart Disease Prevention \(With Known Heart Disease\)](#)

**83 for mortality**

**In Summary, for those who took the statin for 5 years:**

**Benefits in NNT**

- 1 in 83 were helped (life saved)
- 1 in 39 were helped (preventing non-fatal heart attack)
- 1 in 125 were helped (preventing stroke)

**Harms in NNH**

- 1 in 100 were harmed (develop diabetes\*)
- 1 in 10 were harmed (muscle damage)

\*The development of diabetes is one such unanticipated harm found in a recent large study and it seems likely therefore that this applies to the data above, although this is a best guess.

I highlighted the NNT for stroke in red. That means out of 125 patients who take statins for stroke prevention, in only 1 patient it actually did. But 124 actually had to take it without benefit in this respect. Nothing is known much beyond 5 years, since most RCT trials don't last longer.

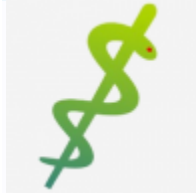
[#17](#)

[Like](#) [Quote](#) [Reply](#)

[Oct 6, 2019](#)

[Report](#)

Likes: [Judee](#), [Rufous McKinney](#), [sb4](#) and 1 other person



**Hip**

Senior Member

Messages

16,511

Likes

35,805

[Hopefulone said:](#)

I have never had such a rapid improvement in my condition.

Sounds great, Hopefulone, I hope your improved health continues.

I've got a few packets of atorvastatin here (as my mother was prescribed it, but she never used it). So I might try this drug myself. I also happen to have chronic active cytomegalovirus infection.

Do you happen to know whether your stroke was an thrombotic stroke (caused by a blood clot) which is the most common, or a hemorrhagic stroke (caused by a burst blood vessel)?

For thrombotic stroke, the supplement **rutin** (rutin comes from apples) may be effective for prevention, as it helps prevent blood clots. See [this article](#).

**Bromelain** is also something to look at for blood clot prevention.

New Patient? ► [ME/CFS — A Roadmap for Testing and Treatment](#)

[#18](#)

[Like](#) [Quote](#) [Reply](#)

[Oct 6, 2019](#)

[Report](#)

Likes: [GlassCannonLife](#), [L'engle](#), [Judee](#) and 1 other person



### [Wishful](#)

Senior Member

Messages

4,032

Likes

7,328

Location

[Alberta](#)

[Hopefulone](#) said:

I am intending to reduce my dosage because it is at 80mg.

That will be a useful test to see if the drug is responsible for the improvement, and whether it's dose-dependent. A lack of change won't necessarily disprove the connection, since some treatments aren't dose-dependent, but a positive result might interest researchers. If you could verify that atorvastatin does work for your ME, the drug company might fund some research.

[#19](#)

[Like](#) [Quote](#) [Reply](#)

[Oct 6, 2019](#)

[Report](#)



### [Hopefulone](#)

Messages

51

Likes

131

[Hip](#) said:

Sounds great, Hopefulone, I hope your improved health continues.

Thanks, and I hope that I am not the only one that might continue improving

[Hip](#) said:

I've got a few packets of atorvastatin here (as my mother was prescribed it, but she never used it). So I might try this drug myself. I also happen to have chronic active cytomegalovirus infection.

Please consult your doctor before taking atorvastatin, as it could have adverse side effects.

[Hip](#) said:

Do you happen to know whether your stroke was an thrombotic stroke (caused by a blood clot) which is the most common, or a hemorrhagic stroke (caused by a burst blood vessel)?

My stroke was a thrombotic stroke (caused by a blood clot).



**[knackers323](#)**

Senior Member

Messages

1,625

Likes

645

Hi [@Hopefulone](#) is the statin still giving improvement?

You probably mentioned it, but how long were you taking it before you noticed an effect?

[#21](#)

[Like](#) [Quote](#) [Reply](#)

[Jan 26, 2020](#)

[Report](#)

Likes: [GlassCannonLife](#)



**[Judee](#)**

Senior Member

Messages

2,477

Likes

6,860

Location

[Great Lakes](#)

[@knackers323](#), she has other threads with this same or similar topics. It may be that some of those might give an update of her use of the statin drug.

Just saying, in case that might be helpful for you.

<< The tree fell but continues to reach to the sky and survive. That's us.

[#22](#)

[Like](#) [Quote](#) [Reply](#)

[Jan 26, 2020](#)

[Report](#)



## Hopefulone

Messages

51

Likes

131

[knackers323](#) said:

... is the statin still giving improvement?

You probably mentioned it, but how long were you taking it before you noticed an effect?

Yes, the statin is still helping me improve in subtle ways. In fact, I no longer consider myself to be noticeably affected by ME/CFS.

Recently I have found that my sleep quality has improved, and my sleep/wake cycle has returned to normal.

I was taking the statin for a few days to about a week before I noticed an effect.

For more thoughts about all this, please refer to:

<https://forums.phoenixrising.me/thread/antiviral-qualities-of-atorvastatin.78886/>

[#23](#)

[Like](#) [Quote](#) [Reply](#)

[Jan 26, 2020](#)

[Report](#)

Likes: [GlassCannonLife](#), [L'engle](#) and [ljimbo423](#)



## richymcp

Messages

9

Likes

17

This is quite interesting as there's been a lot of buzz recently about the effects of Statins on inflammation. One of the theory's doing the rounds is that the host of symptoms we encounter is being caused in some part by inflammation of the brain (Jarred Younger's research).

[#24](#)

[Like](#) [Quote](#) [Reply](#)

[Feb 27, 2020](#)

[Report](#)

Likes: [sb4](#) and [ljimbo423](#)



## Hopefulone

Messages

51

Likes

131

[richymcp said:](#)

... inflammation of the brain

I think that brain inflammation is certainly present, and the old name myalgic encephalomyelitis is a pretty accurate term. See:

In the video Dr Jarred Younger talks about his findings that includes elevated brain temperature that is enough to cause many symptoms. In the past, I have often felt slightly feverish although my temperature reading was normal.

[#25](#)

[Like](#) [Quote](#) [Reply](#)

[Feb 29, 2020](#)

[Report](#)

Likes: [L'engle, Wayne and Jjimbo423](#)



## [Abdallah](#)

Messages

47

Likes

84

hello everyone, i have high blood pressure and fast heart beat and taking meds for it, my doctor also gave me atorvastatin but i wasn't taking it, but i read somewhere that it helps a lot, so i start taking it and i can say it was great to the point i thought my problem was cured, but it didn't last too much, maybe 2 or 3 weeks i was feeling good but then my ME/CFS back again, im still taking it for my heart safety though.

[#26](#)

[Like](#) [Quote](#) [Reply](#)

[Jul 5, 2020](#)

[Report](#)

Likes: [GlassCannonLife, L'engle, Wayne and 4 others](#)



## [Hopefulone](#)

Messages

51

Likes

131

[Abdallah said:](#)

... but i read somewhere that it helps a lot, so i start taking it and i can say it was great to the point i thought my problem was cured ...

Thanks for telling us about your experience with atorvastatin. I feel that although it can help ease symptoms, it is still unknown why only a minuscule number of ME/CFS sufferers respond favourably to it. Clearly more research is urgently needed in this area.

I am really pleased to say that I am still in remission, but find it difficult to explain why this has happened. I encourage you to read all the posts that I have written since September last year. Perhaps atorvastatin needs to be combined with other drugs and supplements in order to be a truly effective treatment for ME/CFS?

[#27](#)

[Like](#) [Quote](#) [Reply](#)

[Jul 15, 2020](#)

[Report](#)

Likes: [L'engle](#) and [lijimbo423](#)



**[knackers323](#)**

Senior Member

Messages

1,625

Likes

645

[Abdallah said:](#)

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[@Abdallah](#) what dose were/are you taking?

[#28](#)

[Like](#) [Quote](#) [Reply](#)

[Jul 17, 2020](#)

[Report](#)



**[xebex](#)**

Senior Member

Messages

673

Likes

1,295



I have a crazy theory [@Hopefulone](#) Did you receive Thrombolysis? and is it possible that you suffer from Hughes syndrome? maybe the thrombolysis (or the atorvastatin itself) helped with that syndrome, reduced the strain on your immune system and caused a remission. Just a wild thought as I do believe ME is highly affected by preexisting conditions and maybe even triggered by such conditions.



### [Wishful](#)

Senior Member

Messages

4,032

Likes

7,328

Location

[Alberta](#)

I agree with xebex that it's more likely that the drug reduced some other condition, which in turn had been making the ME symptoms worse. If a treatment works well for a very small percentage of patients, but not at all for others, then it's logical for it to be due to an abnormality in those patients, and that combining with other drugs or supplements won't make it work for patients without those specific abnormalities.



### [Hopefulone](#)

Messages

51

Likes

131

[xebex said:](#)

Just a wild thought as I do believe ME is highly affected by preexisting conditions ...

Although I agree with the concept that ME is affected by preexisting conditions, I was apparently healthy before being diagnosed. Therefore, I have never had Hughes syndrome nor have I received thrombolysis.

As far as preexisting conditions go, I feel that genetics influence the chances of someone succumbing to ME/CFS. There is anecdotal evidence that ME/CFS can run in families. In my case, my grandmother had ME/CFS although no other relatives have been affected to the best of my knowledge.



**xebex**

Senior Member

Messages

673

Likes

1,295

I was a competitive athlete before getting sick with apparently no pre existing conditions. None have yet been identified however it is possible to have silent conditions and if you had had a stroke they often thrombolysed you, I wonder why you weren't offered that?. Hughes syndrome is something to look into if you have suffered stroke I'm also surprised they haven't investigated that. I'm not saying you don't have ME I'm saying that finding other conditions and treating them can often greatly help.



**Nat kea**

Messages

21

Likes

53

Are you currently taking statins? If so, at what dose?



**bread.**

Senior Member

Messages

474

Likes

667

**Hopefulone said:**

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In my case, my grandmother had ME/CFS although no other relatives have been affected to the best of my knowledge.

Hi,

may I ask, did you have a higher urine output before taking the medication that got normalized or better afterwards?

H

### [Hopefulone](#)

Messages

51

Likes

131

[Nat kea said:](#)

Are you currently taking statins? If so, at what dose?

Yes, my dosage has been reduced from 80mg to 40mg of Lipitor (atorvastatin) per day. Still find it difficult to believe that I am in remission with no ME/CFS symptoms.

H

### [Hopefulone](#)

Messages

51

Likes

131

[bread. said:](#)

...did you have a higher urine output before taking the medication that got normalized or better afterwards?

My urine output is unchanged, and I consider it to be normal.

J

### [jstefl](#)

Senior Member

Messages

244

Likes

301

Location

[Brookfield, Wisconsin](#)

I have been on atorvastatin for many years with no effects on my ME/CFS noticed.



[marcif](#)

Messages

59

Likes

123

I ended up bumping on this thread while looking specifically for information on statin therapy. It seems to be gaining some traction in Long Covid. They briefly talk over about it here:

Statins act on the CX3CL1/Fractalkine pathway, which could be why they might be benefiting you. That chemokine can induce monocyte infiltration. And apparently they found Covid protein in monocytes, which may continue being carried around across the body. This leads to hyper-inflammation and endothelial damage. That can be true for other viruses as well.

The problem is that statins have plenty of side-effects, but there are not many alternatives right now. There is one drug in Phase 2 trial which is may work better: [KAND567](#)

Last edited: Jun 11, 2021



[Hopefulone](#)

Messages

51

Likes

131

[marcif said:](#)

Statins act on the CX3CL1/Fractalkine pathway, which could be why they might be benefiting you.

Thank you very much for this intriguing and ground breaking news! I have always felt that there was a definite medical explanation for my remission, despite the fact that little evidence has been published until now.



[marcif](#)

Messages

59

Likes

123

[Hopefulone said:](#)

Thank you very much for this intriguing and ground breaking news! I have always felt that there was a definite medical explanation for my remission, despite the fact that little evidence has been published until now.

Thank you for reporting your treatment. I think that validates statins as a possibility, even though it may not work for everyone.

We still have a long way to go to be able to identify CFS subgroups. Jarred Younger (Neuroinflammation researcher) published an interesting video on those: Apparently one of the patient groups had their fatigue levels extremely correlated to Fracktalkine serum levels. It really makes me wonder what would happen with their fatigue when you disrupt this pathway.



[jstefl](#)

Senior Member

Messages

244

Likes

301

Location

[Brookfield, Wisconsin](#)

I am reconsidering my previous statement that atorvastatin didn't help me. I never noticed any short term effects from it, but during the time I have been taking it, I have enjoyed improved health. I started the atorvastatin around 2005 and switched to rosuvastatin 20 mg about 3 years ago. I can say that I noticed no immediate improvements when I started the statins, but in the more than 15 years since I started them my health has generally improved. The changes have happened so slowly that I have barely noticed, and I have tried many things over the years. At this point I am only taking Equibrant along with the statin and warfarin I am on.

I am far from being considered healthy, but have very slowly improved over time to where I am doing things today that I wouldn't have considered a few years ago. Is this due to the statins? Did they turn things around for me? Would I have continued to get worse if I hadn't needed the statins?

If you are looking for quick results I don't think that they work, but they may provide some relief over the long term if you are patient. My new answer would be " I don't know".

[#41](#)

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Likes: [GlassCannonLife](#), [Nat kea](#), [sb4](#) and 1 other person



### [Wishful](#)

Senior Member

Messages

4,032

Likes

7,328

Location

[Alberta](#)

[jstefl said:](#)

Did they turn things around for me? Would I have continued to get worse if I hadn't needed the statins?

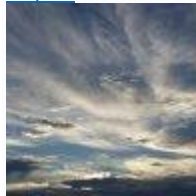
That's one of those questions that is really hard to ever answer. There are too many other factors involved to know which one was responsible. For treatments with short-term responses, you can test them repeatedly for statistical robustness. Not so with one-time experiments. We just have to make a judgement based on what information we do have.

[#42](#)

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[Report](#)



### [Kulandai](#)

Messages

8

Likes

12

Have been following the use of 3 statins. Pravastatin, Atorvastatin and Rosuvastatin. Not only do they inhibit the Fracktalkine receptors, they reduce the production of RANTES. RANTES is involved in signalling which allows for perpetual inflammation. Out of 7 that I know who have tried it, 6 have marked improvements and one none. So worth looking at for sure. It's easy to obtain and inexpensive and might help with another 15 to 30% improvement.

[#43](#)

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[Sep 29, 2021](#)

[Report](#)

Likes: [bread. and sb4](#)



**Kulandai**

Messages

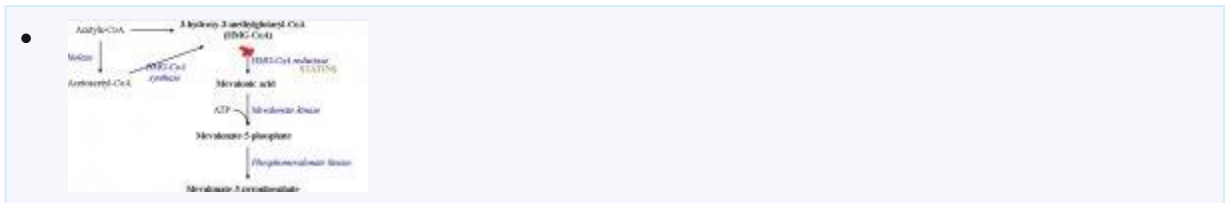
8

Likes

12

The use of statins results in an increase in Acetyl CoA involved in the TCA cycle and ATP production. Is this why fatigue levels are lowered?

[Attachments](#)



[Acetyl COA.jpg](#)

900.5 KBViews: 8

[#44](#)

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[Oct 1, 2021](#)

[Report](#)

Likes: [GlassCannonLife, bread. and sb4](#)



**marcjf**

Messages

59

Likes

123

[Kulandai said:](#)

Have been following the use of 3 statins. Pravastatin, Atorvastatin and Rosuvastatin. Not only do they inhibit the Fracktalkine receptors, they reduce the production of RANTES. RANTES is involved in signalling which allows for perpetual inflammation. Out of 7 that I know who have tried it, 6 have marked improvements and one none. So worth looking at

for sure. It's easy to obtain and inexpensive and might help with another 15 to 30% improvement.

I haven't heard about statins blocking RANTES, just fracktalkine. Is it effective at that? Dr. Patterson has been prescribing a statin along with Maraviroc (a RANTES inhibitor), to cover both cytokines. If statins are able to inhibit both, there should not be a need for another medication.

Niacin also seems to play an important role in inhibiting these, as pointed out by this paper: <https://pubmed.ncbi.nlm.nih.gov/19781706/>  
Coincidentally, it also plays a key role in lowering cholesterol, and has been used a lot by Covid Long Haulers.

But then again, not sure how effective it is. If niacin worked well enough, nobody would ever get statins prescribed to them.

[#45](#)

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### [Wishful](#)

Senior Member

Messages

4,032

Likes

7,328

Location

[Alberta](#)

[marcjf said:](#)

If niacin worked well enough, nobody would ever get statins prescribed to them.

There are plenty of examples where an in vitro experiment using ridiculously high levels of something shows a slight benefit, and someone else spins the product as a miracle treatment, even though it has no noticeable effect in vivo at non-hazardous levels.

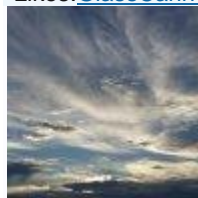
[#46](#)

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[Oct 1, 2021](#)

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Likes: [GlassCannonLife](#) and [marcjf](#)



### [Kulandai](#)



Messages

8

Likes

12

[marcjf said:](#)

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<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5380490/>

**What we need is the effect of statins on CFS patients before and after treatment with a statin.. this is happening currently**

[#47](#)

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[Oct 2, 2021](#)

[Report](#)

Likes: [GlassCannonLife](#)



**[Kulandai](#)**

Messages

8

Likes

12

[Kulandai said:](#)

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5380490/>

**What we need is the effect of statins on CFS patients before and after treatment with a statin.. this is happening currently**

That is the effect on RANTES

[#48](#)

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**[Kulandai](#)**

Messages

8

Likes

12

[Kulandai said:](#)

That is the effect on RANTES

<https://pubmed.ncbi.nlm.nih.gov/25307674/>

Above article suggests that Rosuvastatin reduces RANTES, am aware of 3 persons showing benefits with this