Chronic Epstein-Barr Infection

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Verlag für Naturheilkunde · 27316 Hoya · Germany

Manifestation and Symptoms

EBV infection (a.k.a. glandular fever, mononucleosis, or kissing disease) is an infection with human herpes virus, type 4, which came primarily from Asia and was first discovered in the 1960's. The spread of infection begins in childhood, and the occurrence of the acute infectious form peaks during adolescence. Thus it is nothing unusual for IgG antibodies to be found frequently as the expression of a contact that has already taken place. In many patients the typical symptoms of a feverish EBV infection with coated tonsils and swollen lymph nodes have not appeared in the classic form, or have been misinterpreted as a purulent throat infection. Frequently there is a feeling of tiredness, weakness and depression for weeks or months after the illness, maybe all the time and, particularly in such cases, there is a danger of it turning into the chronic form (known as chronic fatigue syndrome (CFS).

Despite the enlarged spleen - present in most patients - the risk of a rupture of the spleen is very slight; however, care should be taken with sports or accidents in the acute phase! In 20% of cases enlargement of the liver occurs, mostly with elevated liver test results. On diagnosing more precisely we often find slight heart involvement, with cardiac dysrhythmias which as a rule are harmless, and fortunately only seldom dilation of the heart muscle or pericardial effusions. For competitive athletes, in whom this infection occurs with remarkable frequency, often only making its presence felt by a drop in performance level, an absolute ban on sports for months used to be the rule. Recently gentle endurance training has been permitted once the acute stage is over, but avoiding excessive strain.

Rarely complications may occur in the peripheral nervous system (e.g. facial nerve paralysis) and in the lungs (dyspnœa, pneumonia). More frequent are changes in the blood picture, plus headaches and dizziness on account of the CNS involvement (very rarely meningitis/ encephalitis). As well as this, on account of the weakened immunity, there is a possibility of secondary infections with other viruses or bacteria, and in such cases antibiotic treatment may be prudent.

Particularly in the chronic forms a weakness may develop in the exocrine pancreatic function; this can be recognised by examining the stool for utilisation.

During the stage at which the body must tackle the EBV virus, false immune reactions occur, and these can result in so-called autoimmune diseases. A comparatively harmless one is thyroid inflammation (also known as Hashimoto's thyroiditis), the result of which may be initially hyperfunction and later hypofunction and formation of nodules in this organ. As with the pancreas, this often necessitates a life-long substitution of the missing products. More dangerous are other auto-immune diseases such as rheumatism and further diseases of the connective tissue (known as collagenoses), chronic imflammatory intestinal diseases such as Crohn's and ulcerative colitis. Modern opinion places rapidly increasing diseases such as multiple sclerosis (MS) and amyotrophic lateral sclerosis (ALS) within this group.

As well as the Epstein-Barr virus, however, other factors are involved in the origin of these diseases, as is the case with fibromyalgia and burn-out syndrome.

In the case of these last two diseases a discrepancy exists between sizeable complaints and findings that orthodox medicine can scarcely grasp and which often do not attract attention in a normal laboratory. Therefore the patients are often labelled as suffering from psychosomatic illness.

The factors that favour the above-mentioned diseases include negative environmental influences such as environmental toxins, electrosmog and mobile phone radiation, heavy metal intoxication, dietary errors, food intolerances, overly frequent dosing with antibiotics and too-frequent vaccinations, plus stress factors which weaken the patients' immunity; with the above they are then also at risk of infection with the EBV virus.

No-one contests the fact that EBV has been demonstrated in cell lines of Burkitt's lymphoma - very common in Africa -, and also in carcinoma of the nasopharynx and certain forms of Hodgkin's disease; on the other hand, the rapid increase in cases of EBV with symptoms of tiredness,

initially in the USA and now here too, might be attributable to the spread of a new type of the virus.

Diagnosis

Basically the germ, as is the case with all herpes viruses, remains inside the body for life and may become active again after the patient has been symptom-free for years, as a result of stresses in his or her life. For treatment purposes it is important when making a diagnosis to differentiate between an acute EBV infection and the transition to a chronic one. Beside the case-taking, and the clinical symptoms which are often only slight, the demonstration of antibodies in the patient's serum will point the way ahead. In an acute infection the IgM count will rise at an early stage; only later will the IgG antibodies increase, which are present on a lifelong basis.

A marked elevation of the antinuclear antibodies (EBNA) is indicative of a chronic overloading of the immune system by the virus. If the levels of Early antibodies (EA) rises, then we are looking at a chronically reactivated infection, or a relapse of an earlier disease involving a viral proliferation in the body.

Sonographically we often find an initial enlargement of the spleen, and in some cases also of the liver. If an examination and case-taking are carried out according to Traditional Chinese Medicine procedures (including tongue and pulse diagnosis), typical patterns occur, on the one hand within the context of a spleen-yang or spleen-qi weakness, on the other hand in the context of a liver-yin deficiency.

An enhanced laboratory diagnosis includes a search for trace element deficiencies and other lymphotropic pathogens such as cytomegaloviruses, chlamydia, toxoplasma and borrelia, which are often present as co-pathogens and may attain independent significance. Further specific parameters, such as anti-oxidative capacity, lymphocyte and hormone status, and other laboratory findings may also be important for treatment.

Behavioural Measures and Treatment

Bed-rest is sometimes indicated in the acute stage, the complaints being treated symptomatically. Other therapeutic options do not exist in the orthodox medical textbooks; "strengthening of the immune system" is simply recommended. In my view that has to be the long-term aim of treatment, for sooner or later even a healthy immune system may break down under a chronic viral burden such as results from EBV, because the pathogen, like all herpes viruses, remains in the body for as long as we live.

In my practice I prefer the SANUM therapy, in conjunction with alkaline infusions, to which further preparations (including those of the Heel and Pascoe companies) are added. In chronic EBV infections I work on the energy level by using Vega medicine, Voll's Electro-acupuncture (EAV), Bioresonance (BICOM), plus Kinesiology.

Since these procedures are used both in diagnosis and in treatment, they are dealt with together at this point.

Right away in the Vega test almost all patients exhibit a typical pattern (see Fig. 1). In the report on reverse current factors (RF) there is a clear discrepancy between the two sides of the body, generally with derivative No.5 lowered, whereas No. 7 is clearly elevated and often rigid. For this the machine menu mentions "psychosocial stress in the functional circuit liver/bile with involvement of spleen/pancreas".

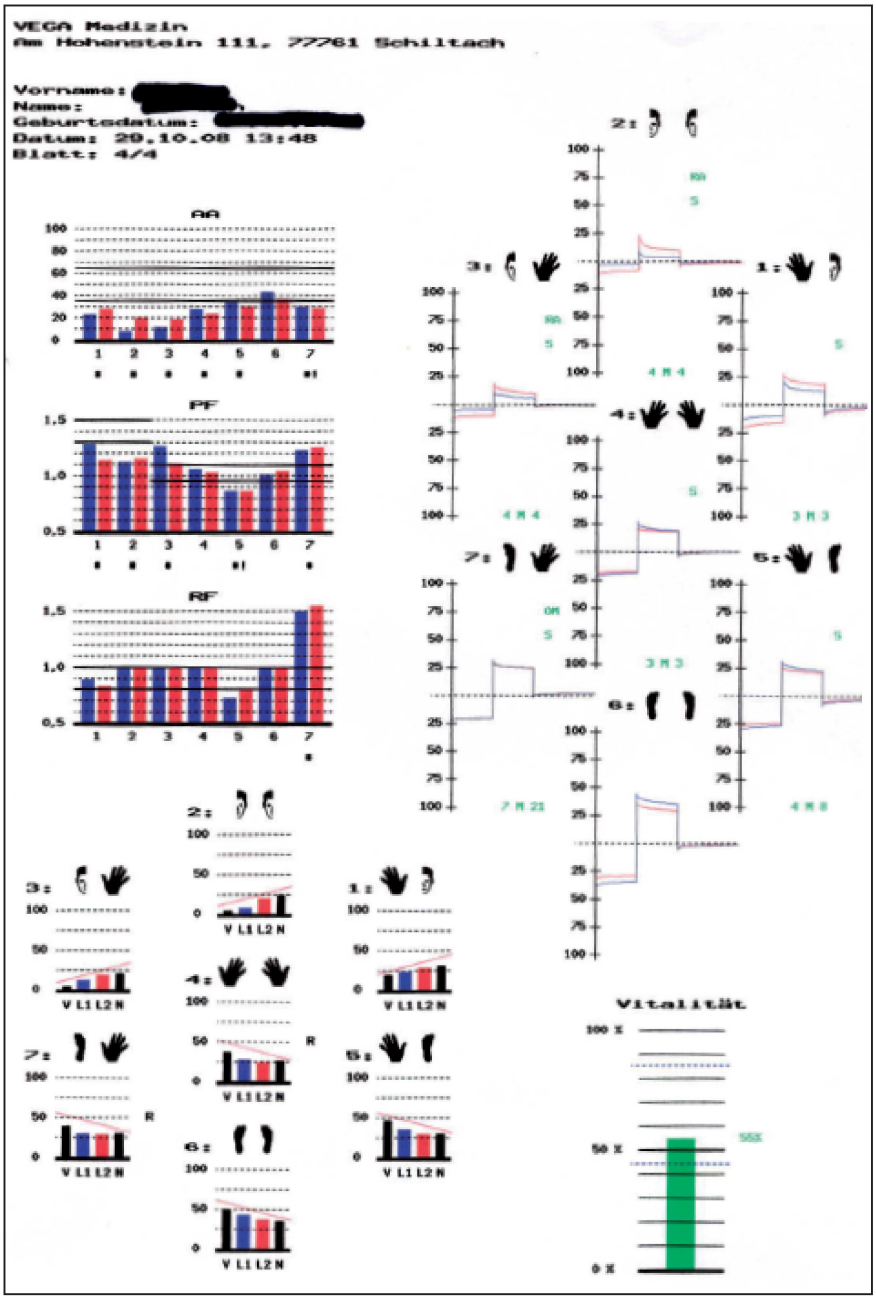
In the accompanying Vega test we generally find the typical features for viral presence, immunological weakness, heavy metal intoxication, and the feature of overburdened organs with liver, pancreas, spleen and gut practically always reacting.

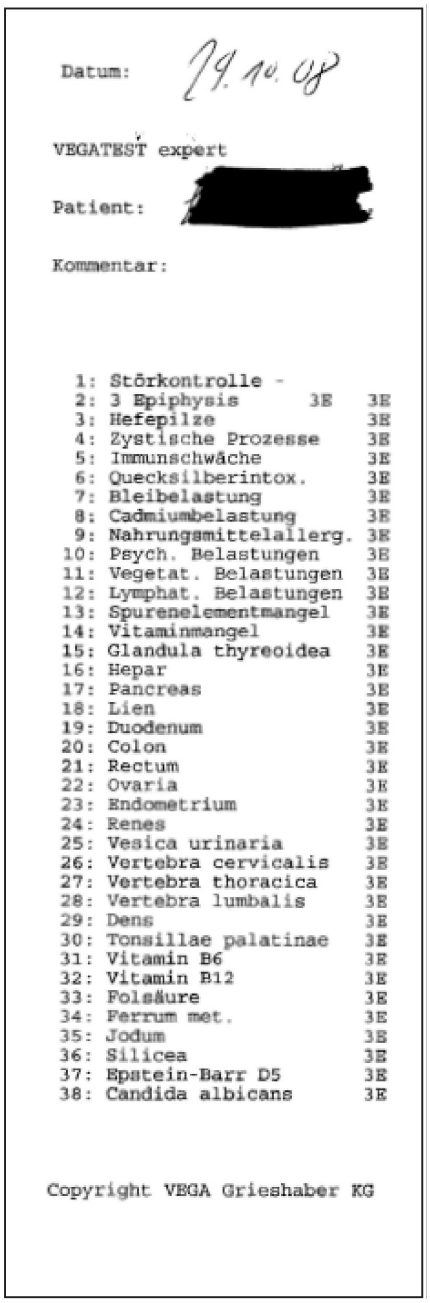
The following preparations are employed in both testing and treatment:

- Dr. Rau's alkaline infusion (NaCl 0.72%; NaHCO3 1.68% aa. ad 500 ml (isotonic); (Address for purchase or contact: Paracelsus Pharmacy, Lustmühle, Switzerland)

- NaCl 0.9% solution 500 ml (as an alternative in the small number of cases where tests or pH levels show that no acidosis is present).

Addition of medication:
(Only preparations are used which give a positive reaction on testing. The quantity and potency in each





case are likewise prescribed on an individual basis. In the case of similar preparations, such as Lymphomyosot and Lymphdiaral, these are used in alternation.)

- Vitamin C infusion 7.5g/infusion (Pascorbin from the Pascoe Co.)
- MUCOKEHL
- MUCEDOKEHL
- NIGERSAN
- PEFRAKEHL
- Coenzyme compositum (Heel)
- Ferrum metallicum (Heel)
- Ubiquinone compositum (Heel)
- Vitamin B Complex Sanum N
- Engystol (Heel)
- Lymphomyosot (Heel)
- Lymphdiaral (Pascoe)
- Magnesium Verla®
- Vitamin B6, Vitamin B12, Folic acid (Pascoe)
- SELENOKEHL 4X

Additionally:

- ZINKOKEHL (only s.c.)
- SANUVIS (only i.m.)
- UTILIN "S" 4X / 6X or UTILIN 4X / 6X (only deep i.m.)

Generally, I have refrained from adding Procain in very small quantities (e.g. Pasconeural injektopas, from Pascoe), as recommended in some cases.

If the constitution is not clear after a homœopathic case-taking, in some cases I give accompanying high potencies, or else initially, to prepare the milieu, I give

remedies such as Mercurius solubilis, Silica, Nux vomica or Okoubaka, generally as a single dose of the 30C. The infusions are ideal for combining with Acupuncture, which acts beneficially, not only on the headaches that are often present as a consequence of the involvement of the cerebrum. I also use the consultations during the treatment period for dietary advice along the lines of a hypo-allergenic, natural wholefood diet rich in bulk, a part of which also involves a reduced consumption of dairy products, alcohol and pork.

On an average the treatment is carried out once a week, or in the case of patients with pronounced symptoms it may also be twice or three times a week. Checks are performed after five or ten infusions.

The following serve as parameters for these checks:

- clinical symptoms (most important parameter for assessing the success of treatment)
- Vega check
- Vega test
- sonography (size of spleen/liver)
- chemical diagnostic tests in laboratory

In the months of April-December 2008 we prescribed c.1700 alkaline infusions, with added medication individually determined, to c.150 patients, the great majority of whom had chronic EBV problems.

In c.95% of the patients the treatment was clearly sucessful, their clinical symptoms being considerably improved, the spleen being reduced in size, improved results from the Vega test, and also in the EBV-antibody count, which had initially risen in stages and then had clearly reduced again. Likewise there was a similar drop in other laboratory parameters (e.g. initial monocytosis or lymphocytosis, elevated liver levels, pathological stool exploitation, reduced anti-oxidative capacity, as well as lower levels of helper cells in the lymphocyte status). The cardiac dysrhythmias, perceptible in a careful diagnosis and generally harmless, disappeared in most cases, even in chronic, well-established autoimmune diseases such as Hashimoto's thyroiditis which, according to Dr. Rau, is practically always an expression of heavy metal intoxication.

In some patients clear primary reactions occur initially, in the form of severe fatigue and vertigo. Essentially this can be avoided by sneaking in doses from the many individual additional ampoules. So far I have not observed any side-effects.

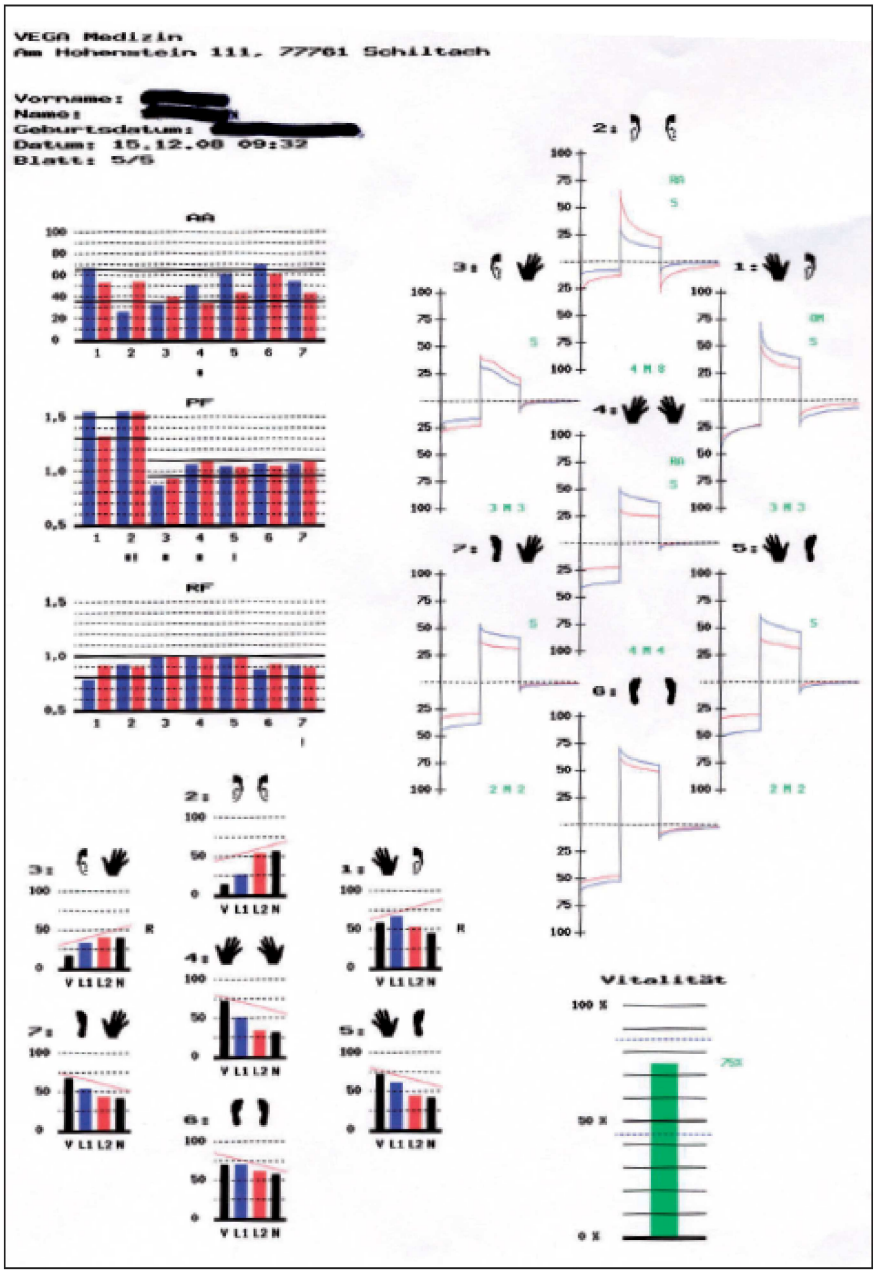
In my practice I have patients who are seriously ill. Certainly their EBV-related problems play a significant part, alongside other immune disorders resulting from e.g. malignancies, rheumatic diseases, collagenoses, colitis and others. Much more common, however, is the rather unspectacular case example that follows:

Case from Practice

Mrs. S.S., age 41, originally came because of diffuse pains in the joints, with the focus being on the left lower extremity. It was only when I started to question her that she mentioned her considerable weariness which had been occurring inconsistently for months. We ran a major battery of laboratory tests and initially, apart from a discreet lymphocytosis in the differential blood picture, and a slightly elevated Ferritin and medium elevated IgE, nothing remarkable was found. In the course of sonography the spleen was found to be marginally enlarged (10.8 cm x 5.8 cm), therefore we ran an EBV diagnostic test, which yielded the following findings:

- IgG antibodies slightly elevated at 22 (norm = up to 13)
- Anti-nuclear antibodies (EBNA) medium elevated at 57 (norm = up to 20)
- Early antibodies (EA) slightly elevated at 1.4 (norm = up to 0.9)

Further diagnostics additionally showed elevated thyroid autoantibodies, suggesting autoimmune thyroiditis. Sonographically the thyroid was slightly enlarged and had nodular changes. The stool test for exploitation yielded a positive result showing muscle fibres, with elastase being normal. We carried out ECGs: the ECG at rest was normal and the echo-cardiograph unremarkable; however, the ECG after exercise showed numerous polytopical ventricular extra-systoles - these belong to class LOWN III B in the complementary long-term ECG.



Datum: 15.12.08

VEGATEST expert

Patient:

Kommentar:

1: Störkontrolle -		
2: 3 Epiphysis	3E	3E
3: Hefepilze		3E
4: Immunschwäche		3E
5: Lymphat. Belastungen		3E
6: Glandula thyreoidea		3E
7: Hepar		3E
8: Pancreas		3E
9: Lien		3E
10: Renes		3E
11: Epstein-Barr D30		3E

In collaboration with the hospital, a diagnosis was established of chronic EBV infection with symptoms of fatigue, Hashimoto's thyroiditis and suspected cardiac involvement.

After only five alkaline infusions with added medication at weekly intervals the patient's fatigue was clearly receding, with better resilience and a smaller spleen (now 10.4 x 4.8 cm). As treatment proceeded, the exercise ECG returned to normal, as did test results for EBV Early antibodies and also the thyroid autoantibodies, so that, at that point, Hashimoto's thyroiditis was no longer recognisable.

It was possible to document the success of the treatment by means of Vega test findings. (See Fig. 2).

This example from everyday practice shows how the diagnosis is arrived at from the typical patterns, and how the success of the treatment - rapid in this case - can be documented. Following the latest test results a further five infusions were recommended to stabilise the case, and at the time of writing these are still ongoing. I should mention in rounding off this account that the infusion treatments were combined with Acupuncture, whereas we did without the homœopathic high-potency dose. The pains in the legs, described at the outset, were

no longer present at conclusion of treatment.

After-Care

It is obvious in the case of a chronic infection that treatment cannot end once the tenth infusion has been administered. However, the weekly infusions represent a heavy workload both for the patients and for our practice team, so I looked for an oral form of treatment. This materialised following an in-service course run by the SANUM company, so that I generally employ the following oral treatment plan by way of after-care:

- Principal preparation: QUENTAKEHL 4X (1 capsule twice a day) in daily alternation with NIGERSAN 5X (8 drops twice a day to be held in the mouth for a while, or NIGERSAN 4X 1 capsule twice daily) for c. 3 weeks.

- UTILIN 6X 1 capsule a week for 5 weeks.

- Possible additional remedies: SANUVIS, CITROKEHL, MUCOKEHL, SANUKEHL Pseu and SANUKEHL Myc.

- In case of over-acidity always give ALKALAN powder as well (1 measuring spoonful twice a day / for children ½ a measuring spoonful a day, dissolved in hot water).

Long-term checks to date show that, under exclusively oral treatment, in many cases the level of pathological EBV antibodies gradually rises again. If the alkaline infusions previously used and tested are given again, this time at intervals of three weeks, this phenomenon can be prevented.

At this stage the best thing of all is the additional inclusion of nosodal treatment. As the EBV nosodes are only available in ampoule form for diagnostic purposes, we use the Bioresonance machine on the patients to dowse for the individual potencies. Before this we use the EAV machine to test for the accompanying remedies.

As well as this, we must uncover causative factors of over-riding importance, such as heavy metal intoxication, emotional blocks, dental foci of infection and other interference fields. In cases where infusions do not help, these are to blame, as they are acting as regulatory blocks. In all cases in which Vega testing - as well as measuring the oral galvanic currents - also reveals amalgam intoxication, the appropriate cleansing must be undertaken, and this must always be accompanied by constructive and eliminative treatment. The oral DMPS test may also be used to establish whether there is heavy metal intoxication.

For many patients who make their way to my practice, often after having suffered for a long time, the infusion treatment that is now possible and clearly oriented is a blessing. As they observe the demonstrable success - both subjective and objective - of their treatment, they are enthusiastic.

In the case of patients who blame their fatigue on everyday stress, and who do not yet have any of the serious sequelae, it is important to motivate them to receive the week-long infusion treatment, if only for preventative reasons, in view of the alarm signals which for me are typical, and because of the accompanying burdens they have to bear. During their treatment, the patients often realise that, whilst they did not feel bad before, they are now feeling a great deal better.

In view of the frequent failure to recognise EBV or CFS problems, with the diagnostic methods that have prevailed up to now often giving "normal" results, I regard this article as a chance for other colleagues to follow this path too.

"Dialogue with the Medical Schools"

In January of this year I shared my observations from my practice with Prof. Dr. Otto Haller, Head of Virology at the University Hospital in Freiburg. He appeared open and very interested, and put me in touch with Prof. Dr. Georg Bauer, probably the most experienced EBV specialist in Germany. I will repeat here briefly Prof. Bauer's communications. According to Prof. Bauer here is no firm proof of the connection between chronic EBV infection and chronic fatigue syndrome. The latter is characterised by an immunological problem, in which we particularly observe a reduced

number of natural killer cells. (Klimas et al., 1990)

A weakening of the cellular immune system favours the proliferation of viruses, which may be measured by a rise in the level of Early antibodies (EA), although the same can also be demonstrated in around a third of healthy patients.

In my opinion, "healthy" is a rather sprawling concept. Nevertheless, for this reason a number of laboratories do not offer this test. In my experience the significantly demonstrable decrease in the Early antibody level as a result of treatments which build up the immune defences also supports the significance of this marker. However, I share the view that, particularly in the case of EBV, serology should always be evaluated in conjunction with the clinic. In his experience, a chance EBV serology reacts more on account of a weakness in the immune system or because of an underlying illness, and less because of any causal role played by the virus in this disease.

Summary

Recommended general measures in the event of an EBV infection are: taking care of oneself, avoidance of stress factors and excessive sports, but rather small doses of training and a light, balanced diet, avoiding alcohol (because of the strain it places on the liver). 95% effectiveness is achieved with alkaline infusions, which are made up on an individual basis and which include high doses of Vitamin C plus numerous other medicaments. Homœopathic and isopathic remedies, plus carefully aimed orthomolecular treatment of latent trace element and vitamin deficiencies stimulate the body's natural immune defences. It is also important to seek out any dental foci of infection (particularly on the canine or liver teeth - No.3's) and to eliminate any heavy metal in-toxication, which is usually present in the chronic form.

The so-called T-lymphocytes are responsible for defence against viral infections, and 80% of them are formed in the intestines, our most important immune organ. Thus chronic amalgam intoxication, or an improper removal of amalgam fillings, not only encourages the growth of intestinal fungi, but may also be a relevant cause on account of the long half-life of mercury (c. 18 years). In this case it is useful to employ high doses of Vitamin C, zinc, selenium, algae, plus homœopathic and herbal eliminative remedies. Acupuncture offers a very good therapeutic option, not only where there are symptoms such as headaches and fatigue, but also to work towards a stronger immune system and restoration of the balance between a weakened spleen and an excess of liver-yang with deficient liver-yin.

Almost every chronic disease which has EBV infection at its root or manifests as CFS is curable, however, in weakened cases it is often necessary to treat for 6-24 months (!) to avoid the risk of a relapse.

At the end of the day my experiences indicate that viral infections are also treatable, in this case by a logical combination of natural remedies and methods.

I shall be grateful for any feedback, bearing in mind the words of our colleague Dr. Gleditsch; about 20 years ago he said to us young doctors as we then were: "Although I am very experienced, I'm only at the beginning."

First published in the German language in the SANUM-Post magazine (87/2009)