

Herpes simplex and Homotoxicology

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General information on Herpes Simplex Virus (HSV)

- 40-50% worldwide latent HSV 1 infections (90% Herpes labialis)
- Lifelong infection of HSV 1 with recurrence rate of 1.6 eruptions per year
- HSV 1 migrates to trigeminal nerve
- HSV 2 lesions occur genitally in 90% cases
- HSV 2 migrates to sacral nerve
- Humans are the only natural viral host
- Family includes Varicella zoster, Epstein-Barr virus, Cytomegalovirus



Clinical manifestations of HSV 1

- Herpes labialis (cold sore)
- Acute gingivostomatitis
- Ocular herpes
- Upper respiratory tract syndrome
- Herpes genitalis (10-20%)
- Eczema herpeticum
- Viral meningitis
- Nectrotizing encephalitis
- Neonatal herpes

Predisposing factors

- Systemic infections
- Sunlight
- Menstruation
- Trauma
- Operations
- Stress



Eczema herpeticum

- Atopic dermatitis history
- Potentiated by topical corticosteroids
- Lymphocytopenia
- Elevated ESR
- Elevated IgE
- Th2 dysregulation

Case history

- 40 year old female of Chinese descent
- History of atopic dermatitis and recurrent Varicella zoster

- Predisposition to impaired circulation
- Chronic recurrent HSV 1 infection since childhood
- Sacral root involvement for past 3 years with isolated lesions. The lesions would appear every 3 to 6 weeks depending on the patient's general stress levels and state of health.
- Mild recurring eczema herpeticum for past 18 months

Initial treatment

All taken orally

- Psorinoheel: 10 drops three times daily (t.i.d.)
- Galium-Heel: 10 drops t.i.d.
- Mezereum-Homaccord: 10 drops t.i.d.
- Ranunculus-Homaccord: 10 drops t.i.d.
- Colocynthis-Homaccord: 10 drops t.i.d.
- L-Lysine capsules: 1000 mg twice daily (b.i.d.)
- Hypericum perforatum capsules: 500 mg b.i.d.
- Deglycirrhised licorice root extract

Avoid L-Arginine supplements

Oral treatments (beginning as the patient became aware of lesions appearing, with nerve sensitivity) varied in time, from 4 to 10 days. As a general rule, I tell my patients to take 10 drops hourly on the first day (in acute phases), then 10 drops every 2 hours from the 2nd day (if needed), and finally 10 drops t.i.d. until they are through the exacerbation.

Latent phase treatment

- Tonsilla compositum
- Echinacea compositum
- Galium-Heel

All were given as s.c. injections into the deltoid region twice weekly, and gradually decreasing the frequency as the acute HSV 1 exacerbations subsided.

Acute phase treatment

- Engystol s.c. injections were used as a local infiltration around the lesions during the acute phase.
- Neural therapy

Conclusion

- All diseases are biologically goal orientated and purposeful
- Latent infection can reactivate rapidly into impregnation phase with danger of progressive vicariation
- Acute HSV 1 requires matrix-nerve-root infiltration with the indicated homotoxicological preparation
- The patient has been under my care for the past two years. She gets a "booster" s.c. injection every 6 weeks and has not had new lesions appearing this year. The patient is not on any oral preparations at this stage. During the treatment phase, she mostly stayed on the Psorinoheel and Galium-Heel drops (10 drops t.i.d.) and alternated between Mezereum-Homaccord, Colocynthis-Homaccord and Ranunculus-Homaccord drops (10 drops t.i.d.) as needed.