



# Recurrent infections: the problem of low cellular immunity

By the Medical Writer

## VIRAL INFECTIONS: THE FAMILY OF HERPETIC VIRUSES

The Herpetic group of viruses includes a large family such as the Herpes simplex viruses (HSV) I and II and the Varicella Zoster virus making up the  $\alpha$  group, the Epstein Barr Virus (EBV) and Kaposi's sarcoma virus making up the  $\beta$  group and the Cytomegalovirus (CMV), HSV 6 and 7 making up the  $\gamma$  group. These are DNA-enveloped viruses, which produce intracellular inclusion bodies in the cells they infect. They are notoriously difficult to eradicate from the body and can stay latent in the cell for years. Cellular immunity keeps them in check throughout the rest of the individual's life. Things which impair cellular immunity such as psychological stress as well as certain drugs, notably recreational drugs, such as alcohol and Ecstasy used on a constant basis will cause a recurrence of these viruses at various stages of life. Interestingly enough, UV light from the sun also impairs our cellular immunity, which explains the typical outbreak of cold sores after sun exposure in some individuals.

One of these viruses, EBV, is highly contagious and is often seen as a mini-epidemic in young teenagers. It is therefore often referred to as the "kissing disease". New evidence also suggests that aphthous ulceration and oral leukoplakia are signs of such viral recurrences. It is thus no wonder that we often get them when we are "run down". Another feature of these viruses is that they will induce states of intense fatigue if they become systemic. EBV, CMV and Human Herpes Virus 6 (HHV 6) are seen as reactivating viruses in conditions like Chronic Fatigue Syndrome (a condition of cellular immune deficiency), genital and oral herpes as well as in Herpes Zoster.

The treatment of first time infections is that of any acute infection, thus support of the autoregulatory system and symptomatic treatment. If the disease is self-limiting, it falls into the inflammation phase on the six-phase table. However, when recurrence sets in, this implies that the patient is experiencing problems with cellular immunity, and this means in terms of Homotoxicology that the patient has crossed the biological division and is now in the impregnation phase. In immunological terms it means that the patient is in a so-called TH2 rigidity and cannot mount an adequate TH1 response long enough to keep the virus latent. It is thus important to treat more than just what is happening at that moment. This is the time when we employ the three pillars of Homotoxicology, namely detoxification and drainage, cellular activation and organ regulation with specific emphasis on the immune regulation.

For most of these viral infections, the conventional treatment is symptomatic, except for the HSV group, where antivirals are employed. It is, however, also important to treat the biological terrain, so that the immune rigidity is addressed and the matrix is cleared of toxins. Therefore, the antihomotoxic treatment can stand alone in non-complicated cases or be part of an adjunct therapy in cases with complications.

## TREATMENT

### Phase: Acute Phase

Condition	Medication	Reason	Dose
Oral and genital herpes, Varicella Zoster	<b>Euphorbium compositum Nasal Spray</b>	Antiviral action	2 sprays directly onto the lesion, up to 5 times a day
	<b>Engystol</b>	Antiviral action, supporting endogenous defense mechanism	1 tablet 3 times a day or 1 oral vial per day
	<b>Traumeel</b>	Anti-inflammatory, also helps for neuralgia	1 tablet or 10 drops 3 times a day
	<b>Mezereum-Homaccord</b>	Add for secondary infection in the lesions, pus-filled blisters	10 drops 3 times a day or 1 oral vial per day
	<b>Ranunculus-Homaccord</b>	Especially in Zoster for post-neuralgia in the thoracic area	10 drops 3 times a day, but also as neural therapy (s/c) with the ampoule in the distribution of the intercostal nerve, as wheals (Quaddles) about 2 cm apart



Condition	Medication	Reason	Dose
<b>Acute glandular fever (can be caused by Epstein Barr and Cytomegalovirus)</b>			
	<b>Angeel / Angin-Heel</b>	Sore throat, an early sign of this condition. NB: to exclude septic tonsillitis	Acute massive initial dose possible: 1 tablet every 15 minutes for 8 doses
	<b>Lymphomyosot / Lyphosot</b>	Glandular swelling	10 drops or 1 tablet 3 times daily or 1 oral vial daily
	<b>China-Homaccord</b>	Fatigue and weakness	10 drops 3 times a day or 1 oral vial daily
	<b>Engystol</b>	Antiviral and to increase general defenses	1 tablet 3 times a day or 1 oral vial daily
	<b>Tonsilla compositum or combination of Glandula suprarenalis suis-Injeel and Funiculus umbilicalis suis-Injeel</b>	Matrix and adrenal support, also to prevent post-viral fatigue	1 oral vial 3 times per week
	<b>Tonico-Heel / Tonico-Injeel</b>	Add in case of neurasthenia and depression	1 oral vial 3 times per week or 1 tablet 3 times daily
	<b>Nervoheel / Nereel</b>	If patient is very anxious with neurasthenia	1 tablet 3 times per day

**Phase:** Chronic recurrent infection: after acute infection, to prevent further recurrences

Weeks 1-7	Pillar I: Detoxification	Pillar II: Cellular regeneration	Pillar III: Organ regeneration and Immunomodulation
	<b>Hepar compositum + Solidago compositum or Berberis-Homaccord or Equisetum arvense-Injeel + Thyroidea compositum or Pulsatilla compositum</b> 1 oral vial of each 3 times per week	<b>Coenzyme compositum or Ubicoenzyme</b>  1 tablet or 10 drops 3 times a day or 1 oral vial 3 times per week	Achieved here with the advanced detoxification remedies in pillar I
<b>Weeks 8-12</b>	<b>Drainage</b>	<b>Cellular regeneration</b>	<b>Organ regeneration and immunomodulation</b>
	<b>Nux vomica-Homaccord + Berberis-Homaccord + Lymphomyosot/Lyphosot or Detox-Kit</b> 30 drops of each in a bottle of water, to be sipped throughout the day	<b>Ubichinon compositum or Ubicoenzyme</b>  1 tablet or 10 drops 3 times a day or 1 oral vial 3 times per week + <b>Glyoxal compositum</b> 1 oral vial 2 times per week or 1 tablet 3 times a day	<b>Viscum compositum forte</b> 1 ampoule 2 times per week or <b>Visceel</b> 10 drops 3 times a day + <b>Psorinoheel</b> 10 drops 3 times a day or <b>Tuberculinum-Injeel</b> 1 oral vial 2 times per week