

CFS - Rickettsial Infection - Paper presenting the results of 5 years of diagnoses and therapy

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Summary: Since January 1991, over 3.000 patients, previously diagnosed as ME, CFS, psychopathic, fibromyalgia, arthritic diseases, or unknown, were treated with Antibiotherapy. The reason for this treatment was as follows:

- The symptoms of these patients were similar to those exhibited in chronic Rickettsial diseases.
- The treatment followed the finding that their serum reacted positively to the **Giroud** micro- agglutination test.

The **Giroud Test** is specific for testing antibodies to the following 5 antigens (**R36**). According to Giroud, all those different antigens have the same behaviour and he insists that they may change depending on their host. (**R50**)

- Rickettsia Prowazeki
- R. Mooseri
- R. Conori
- Coxiella Burnetti
- Neo-R. Q18 (**R50**)

Done by micro agglutination
Depends on the quality of antigens
Comparative studies with IFA test gave very similar result

- Positive reaction = presence of antibodies;
(does **not** necessarily mean illness)
- Negative reaction does **not** suppress Rickettsial etiology (**R1,25**)

BECAUSE

1. The occult infection is biologically similar to the disease itself (Ch. Nicolle) (**R2, R34**)
2. Walker and Jadin described positivity for Rickettsiae on people without any symptoms (26% according to Walker) (**R3, R9, R25 R45**)
3. If doubtful and if negative, the test should be repeated to follow the antibody curve (**R37**)
4. Same applies for many pathogenic agents e.g. coxsackies (**R38**), chlamydiae pneumoniae (**R39**) etc.

THEREFORE

the diagnosis of Rickettsial disease stands on 3 corner stones:

Symptoms

Clinical findings

Biological investigations

Patients and Methods: Statistics of 500 patients The Criteria used for selection was that the patients were first diagnosed as ME, CFS, or Depression.

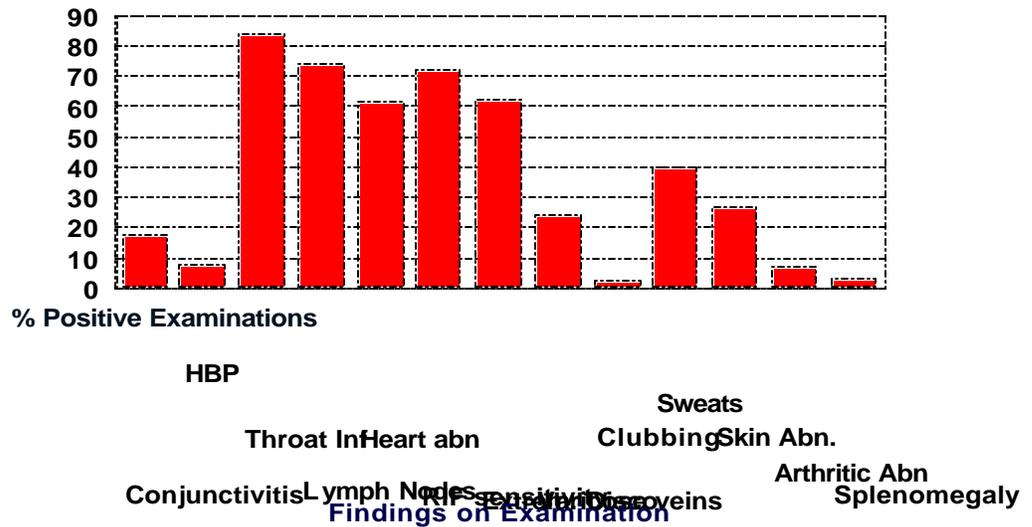
<u>Sex</u>		<u>Age</u>	<u>Group</u>	<u>Length of Illness:</u>	
Male:	236	<10:	2.1%	< 1 year:	12.5%
Female:	264	10 - 20:	16.7%	1 - 2 years:	20.7%
		20 - 40:	43.7%	2 - 5 years:	29.3%
		> 40:	37.5%	> 5 years:	37.5%

Exposure to Rickettsia: Known: 95%
Unknown: 5%

I. The following table displays the percentages of symptoms and diseases caused by Rickettsial infection in the above group of patients. The symptoms and diseases vary according to the main localisation of the infection. This is based on clinical findings and also described in literature.

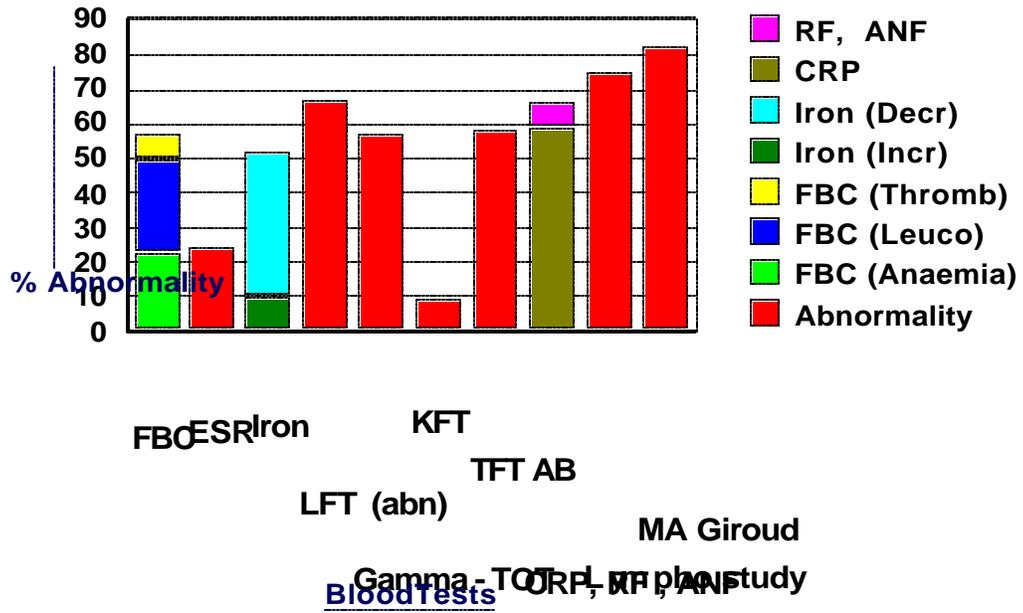
<u>Vascular Tissue</u>		<u>Reticulo Endothelial Tissue</u>	
Tiredness (R1,4,7,9,13,28)	92%	Recurrent sore throat (R1)	85%
Myalgia Arthralgia (R5)	90%	Appendicitis (R5,8)	65%
Cardiac. Valves (R1,6,7,8,9)	90%	Lymphadenopathy (R1)	73%
Memory. Concentration (R9)	89%	Systemic Candidosis	53%
Headaches (R1,9)	88%		
Bruising (R26)	81%	<u>Neurological Tissues</u>	
Vision - Uveitis Conj. (R1)	39%	Encephalitis (R1,11,13,17)	12%
Dermatological (R9,10)	23%	Epilepsy (R1,13,24)	69%
Psychotic disorder treated (R9)	69%	MS (R4,9,24,37)	5%
Atypical Hepatitis (nausea-vom.)	64%	Loss of Balance	28%
Raynaud Syndrome (R13)	69%		
Pulmonary Disease (R6,8,14,31)	21%		
HBP	9%		

II. Clinical Examination The following graphic shows that most patients display the same clinical findings.



III. Biological Investigations

This graphic highlights similar blood disorders in the same target group. These are investigated in order to orientate the diagnosis and eliminate other pathologies.



IV. CXR - MRI (Brain Scan) - Joint X-Ray

Chest X-rays are routinely done to eliminate diagnosis of TB, cancers etc. The brain scan is performed to eliminate the possibility of tumours, MS, or other pathology. The joint X-ray is only required if strong clinical findings exist.

V. Treatment: consists of 7 to 12 days /month of Tetracyclines

1. The Tetracyclines should be **alternated** because
 - a) A patient is often contaminated by many Rickettsiae (**R9**) and different Rickettsiae have different sensitivity to different Tetracyclines. (**R6, R11**)
 - b) A patient might build resistance to each Tetracycline (J.Jadin) (**R28**)
 - c) Patients show individual sensitivity to different Tetracyclines and there is very often a better reaction to a particular antibiotic. (**R1**)
2. Tetracyclines should be **combined** with Quinolones, Macrolides, Metronidazoles because Rickettsiae present a wide heterogeneity of susceptibility to different drugs (**R6, R43**)
3. A **high dosage** of Tetracyclines is required to avoid formation of occult foci, although keeping within the limits of tolerance and safety (**R1, R9, R11, R13, R43**):
 - Gastric intolerance will be successfully prevented by using a gastric proton pump inhibitor during the administration of the Tetracyclines
 - No liver toxicity was found in any patient. Our experience was that if the liver function tests were normal at the start, then they stayed the same. If the LFT were bad, they generally would improve during treatment. This confirms the fact that Rickettsiae are hepatotoxic (**R1, R5, R7 & 8, R11, R12, R46, R50**)
4. The treatment is often **long or prolonged** due to
 - The chronicity of the germ
 - The multiple foci of Rickettsiae
 - The fact that Rickettsiae are slow germs; some foci are dormant and will only be controlled by the treatment when they become active. (**R9**)
 - Each treatment will allow the immune system to produce and maintain a proper and efficient level of antibodies; this takes place each time the Rickettsiae antigens are released from the cell to the blood circulation while on antibiotherapy (**R1, R9**)
 - Although this research does not show that the length of illness is directly correlated to the length of treatment, this has often been described to be the case (**R1, R9, R13, R16, R25, R43, R45, R48**):
5. Anti malaria has been found efficient in improving rheumatoid symptoms and rheumatoid biological findings
6. Adjuvants like Vit. B co, acidobacillus, gastric proton pump inhibitor are recommended
7. Exercise is recommended keeping in mind that Rickettsia has a vascular impact. Hot baths are important to eliminate toxins produced by Rickettsiae antigens liberated in blood circulation when patients are on AB

VI. Herxheimer reaction (R1, R11, R18, R47**):** is a reactivation of old symptoms and/or exacerbation of present symptoms that occurs on antibiotherapy. Its presence has a very important diagnosis and prognosis value. It may or not be parallel to a serological reactivation. It often fades with the number of treatments received. When very severe, the HR is treated with probenecid.

VII. Results Of 500 patient records analysed:

358 patients very well, or cured

101 patients stopped consultation after 1 to 3 treatments

26 patients never commenced treatment

15 patients showed no improvement to treatment

NB:

Reactivation or reinfection of patients: (R1, R11, R18, R44**)** called so rather than relapse, may occur (2 - 7%). This may be due to an interaction between Rickettsiae and viruses or bacteria or any other parasite: from a dormant (asymptomatic) form, Rickettsia can be reactivated to an acute, subacute or chronic condition with the help of other agents. An example of this change of condition was the infant mortality rate described by J. Jadin in Central Africa. The children identified and having malaria and Coxiella Burnetti all died as opposed to those with only a malarial condition (**R49**). If reaction or reinfection occurs, 1 to 3 treatments on average will be necessary if the condition is recognised quickly.

VIII. This **Assessment** is performed monthly to judge patients progress towards "very well" :

1. Symptoms
2. Activities increase eg. From bedridden to back to exercise or back to work
3. From being treated by painkillers, antidepressants, sedatives, cortisone to none
4. Medical examination
5. Biological investigation: from having:
 - LFT Δ
 - RF \uparrow , CRP \uparrow , ANF \uparrow
 - KFT \uparrow
 - Thyroid antibodies \uparrow
 - Iron Δ

To normal or nearly so

Based on the assessment, the treatment is prolonged or stopped (3 months to 2 years - 8 months average).

However, as previously mentioned, the length of treatment is not directly correlated to the length of illness:

Patients can be divided into 2 categories:

1. Fast progress - their illness was mainly Rickettsia
2. Slow progress - their illness was Rickettsia plus other factors (R36)

IX. Followup - was done by means of research questionnaires sent to patients on or off treatment every 6 months for 2 years (1992-1993). 78% answered, and of those, 93% were still "very well".

X. Discussion:

1. CFS was first reported in the village of Incline in Nevada in 1984 (R40) and developed into epidemic proportions. That is also where Rocky Mountain Spotted Fever originated. (R7)
2. The proposition to change CFS into Nightingale disease, (because of the tiredness Florence experienced for the last 2 decades of her life, working with soldiers infested with lice and fleas during the Crimean war) could reinforce the epidemiological hypothesis. (R33)
3. The T-Lymphocyte study (CD4, CD5, CD8) done in sheep experimentally infected with tick-borne disease described by the University of Liverpool (R20) is amazingly similar to the Lymphocyte study done on CFS patients (R19,21,22,23) and also on patients with Q Fever endocarditis (R48).
4. In April 1996, in a letter published in the Lancet, the suggestion was made to change CFS into PQFS (Post Q Fever Syndrome) (R4)
5. Rickettsia has been described throughout history as causing the defeat of Hannibal, Caesar and Napoleon. (R41) It also has been accused of causing the death of 3 million people in the 1st World War and in the Nazi Concentration camps. How, suddenly, is it not around any more?
6. The fact that the treatment with Tetracycline has been successful on an extended number of patients (more than 3000) previously diagnosed as CFS, Fibromyalgia, Depression, should be given attention (R28).
7. The CFS - Rickettsial disease could simply be another example of the relationship between protozoae, viruses, bacteria, and stress. Is there a possibility of an immuno deficiency created by viruses or parasites or bacteria that would bring the Rickettsiae from dormant to acute, subacute or chronic?. (R9,34,36,42)
- 8.

"La santé est comme une mongolfière: il faut parfois lâcher du lest"