The role of the Epstein Barr virus in chronic diseases

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A typical case
12-year-old Louis came to our practice with constant diarrhoea accompanied by abdominal cramp, migraine, dizziness and tiredness. The conventional medical diagnosis was lactose and histamine intolerance. Despite the patient adopting an appropriate diet the symptoms scarcely improved. Gastroscopy and colonoscopy results were normal. We learnt from the parents that, prior to his current symptoms, Louis had developed glandular fever in 2009. Following kinesiological testing we began bioresonance therapy by eliminating the Epstein Barr virus. The effects of electronic smog and interfering scars were treated. Intestinal mycosis was rehabilitated and the allergies to cow’s milk, wheat and salicylic acid were treated. After this the boy was well again. His abdominal pain had vanished, he could tolerate milk and wheat and the tolerance threshold of foods containing lactose and histamine was even raised. Once the acute symptoms had subsided, Louis’ glandular fever had obviously triggered a whole series of disorders of the metabolic and immune system. And this is not an isolated case.

Glandular fever (Mononucleosis)
This acute disorder usually occurs in children and adolescents and may be associated with a high temperature, angina, swollen lymph nodes, hepatitis and an enlarged spleen (tab. 1). However, it often tends to be fairly harmless. The disease is quite often confused with bacterial angina or flu and misdiagnosed. The disease was first described by the paediatrician and internal specialist Emil Pfeiffer (1846–1921). Because of its typical modified blood count (increase in altered monocytes), the disease is also known as infectious mononucleosis. Infection with the Epstein Barr virus (EBV) was later found to be the cause. The virus was first detected by the pathologist and virologist Michael Epstein (born 1921) and the anatomist Murray Barr (born 1908) in cell cultures of Burkitt’s lymphoma. It is a DNA virus and belongs to a sub group of the herpes viruses: gamma herpes viruses. It has a close affinity to the lymph tissue where it can provoke both malignant tumours (Burkitt’s lymphoma, nasopharyngeal carcinoma) and also acute or chronic inflammation. Like other herpes viruses it may remain latent in the tissue for a long time after the patient has recovered from the acute infection and be reactivated if the immune system is impaired. Antibodies against the Epstein Barr virus can be found in almost 90% of people over the age of 30.

Table 1
Glandular fever (Mononucleosis) – acute symptoms

<table>
<thead>
<tr>
<th>Common:</th>
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<tbody>
<tr>
<td>high temperature</td>
</tr>
<tr>
<td>tonsillitis</td>
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<tr>
<td>generalised lymph node swelling</td>
</tr>
<tr>
<td>extreme tiredness</td>
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<tr>
<td>delayed convalescence</td>
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<table>
<thead>
<tr>
<th>Rare:</th>
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<tbody>
<tr>
<td>hepatitis</td>
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<tr>
<td>enlarged spleen</td>
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Chronic mononucleosis

The symptoms of chronic infection with the Epstein Barr virus can be explained by its affinity to lymphoid tissue: chronic swollen lymph nodes, recurrent sore throat, subfebrile temperature, lowered resistance and susceptibility to infection. Allergies and autoimmune disorders (including thyroiditis) may appear or deteriorate. The general state of health is impaired. It is one of the most common (contributing) causes of chronic fatigue syndrome. Other disorders which improved following elimination of the Epstein Barr virus by Bicom were chronic sinusitis, multiple food intolerances, chronic gastritis, dizziness, lymph oedema and menopausal symptoms (tab. 2).

Table 2

Symptoms of chronic mononucleosis

**Common:**
- chronic fatigue syndrome
- susceptibility to infection, lowered resistance
- occurrence of allergies and intolerance (especially foods)
- recurrent swollen lymph nodes

**Less common:**
- recurrent bouts of fever
- dizziness
- recurrent gastritis
- swollen mucous membranes (nose, bronchi)
- fluctuating hormones
- lymph oedema
- autoimmune disorders (new onset or deterioration)

Diagnosis

Indications, from the medical history, of a previous infection are important criteria. Patients do not always remember previous infections or else these were not diagnosed as such. The level of antibody titre against the Epstein Barr virus often does not correlate with the patient’s energetic activity and the disease’s effect on the body. Even a negative antibody titre does not rule out the presence of the disorder. We test the patient’s energy levels (kinesiology, tensor, EAV) to indicate appropriate therapy. For diagnosis we use the gamma herpes viruses test ampoule from the Combined Test Technique (CTT) viruses/fungi test set. Alternatively, a nosode can also be used.

**Therapy**

There is no causal conventional medical method of treating acute or chronic mononucleosis!

Bioresonance therapy can both reduce the course of an acute disorder and improve the symptoms of chronic disorders. The disease can often even be completely cured. In addition we use the gamma herpes viruses ampoule for therapy. It is used as part of the CTT therapy system with program 191 (Ai, frequency sweep) and tested amplification and therapy time.

Years ago we observed that an individual frequency of 25 kHz was often more effective. Therapy types Di or H+Di also proved beneficial.

Proven programs in this frequency range:

Program 978 (Ai, 25 kHz, amplification sweep (increasing), 10 min)
Program 996 (H+Di, H 4.5 Di 64, 25 kHz, 4 min)

Working with the Bicom optima, my wife has found an additional low deep frequency range for virus therapy: 5.2 Hz.

Further new options with this device are the decreasing and symmetrical amplification sweep. We found viral infections frequently tested with the decreasing amplification sweep in 12 or 24 seconds.

Consequently we developed two new programs:

"Virus 1": Di, 25 kHz, decreasing amplification sweep in 12 sec, 8 min
"Virus 2": Di, 5.2 kHz, decreasing amplification sweep in 24 sec, 8 min
These programs can be applied one after the other in the same session. As a rule, 2–3 sessions once or twice a week are necessary. Programs 428 (thymus activation) and 3108 have proven beneficial as preliminary programs. In the second channel's honeycomb we often place the CTT ampoules anti-virus, interferon from the viruses/fungi test set, liver (wood), lymph (water), possibly spleen (earth) from the 5 element test set after testing (tab. 3).

Table 3

Treating mononucleosis

**Bicom optima:**
1. Basic therapy
2. Input: thymus, Output: modulation mat on the back, ball electrodes programs 428, 3108
3. Input: gamma herpes (CTT), Output: Modulation mat on the back, ball electrodes
   - DI, 25 kHz, decreasing amplification sweep 64–0.025 (12 sec), 8 min
4. Electrode position, see above, Di, 5.2 Hz, decreasing amplification sweep 64–0.025 (24 sec), 8 min

Channel 2:
Substance complexes: according to symptoms e.g. "energetic filtermaker", "gastritis", "thyroiditis", etc.
The "Epstein Barr" complex should not be combined with the abovementioned programs but can be used with other symptom-related programs.
Honeycomb: CTT viruses: interferon, antivirus; CTT 5 element: liver, lymph

Amplifying DMI

**Bicom 2000:**
1. Basic therapy
2. Thymus activation 428
3. Program 978 (AI, 25 kHz, increasing amplification sweep, 20 min)
4. Program 192
   - CTT ampoules see above

These programs can also be used for other acute or chronic viral infections (herpes, cytomegaly, toxoplasmosis, measles, etc.) or to eliminate viral vaccines (MMR, polio, hepatitis).

**Combinations**
It is more complicated if the Epstein Barr virus occurs in combination with other viruses (herpes simplex and zoster, cytomegaly, toxoplasmosis) or other bacteria (Borrelia, Streptococcus) (tab. 4). This can intensify the effect on the immune system. Tests should be carried out to determine whether it is better to treat the combined pathogens together or individually one after the other.

Table 4

**Frequent combinations with the Epstein Barr virus**
- Toxoplasmosis
- Herpes simplex, zoster, progenitalis (alpha herpes)
- Cytomegaly (beta herpes)
- Borrelia
- Streptococci, Staphylococci
CASE STUDIES

Case 1  J.M., male, aged 17
J.M., the 17-year-old son of a Tuareg, currently lives in Cologne and caught acute glandular fever at school. Two weeks before coming to our practice he had a severe sore throat with swollen lymph nodes. He was unbelievably weak and was no longer able to go to school. After the first Ebstein Barr virus therapy with the Bicom the young man was already much better. After the second treatment he was full of beans and went back to school. His classmates were often off school for weeks or months with this disorder.

Case 2  C.P., male, aged 20
20-year-old C.P. had been suffering for a year from chronic fatigue syndrome, persistent cervical lymphoma on the right side and recurrent bouts of fever. His symptoms improved with a daily dose of antihistamine. He was allergic to milk, wheat and hens’ eggs. We diagnosed EBV and first treated this. Then the food allergies were dealt with. After 11 therapy sessions in all, the patient felt well, he no longer experienced bouts of fever and his swollen lymph nodes and tiredness had disappeared. He no longer needed medication.

Case 3  L. M., female, aged 20
19-year-old Lisa M. had caught glandular fever 3 years previously. Since then she complained of cardiovascular problems and a recently occurring cow’s milk intolerance with recurrent otitis. A few months previously she also began experiencing persistent pain in the shoulder and neck area. We treated both the EBV and the cow’s milk intolerance 3 times. The dizziness, milk intolerance and pain all disappeared after this.

Case 4  S.H., male, aged 34
34-year-old S.H. had been suffering from chronic gastritis for 10 years and was constantly taking antacids. For 2 years he had also been experiencing recurrent dizzy spells, sometimes to the point of fainting. He could not recall having an EBV infection. Following kinesiological testing the patient attended 3 therapy sessions for EBV and 3 for the wheat allergy which was detected. Since then the patient has had no more stomach pain or fainting fits.

Case 5  S.S., female, aged 20
S.S., now aged 20, first came to us in 1996 for treatment of chronic sinusitis (allergies: milk, house dust, mould, formaldehyde). Following successful Bicom therapy she was symptom-free for several years. After that when symptoms reappeared, “refresher treatments” against one or other type of allergen were given every couple of years and these always helped. In mid 2011 her nose was still blocked even after further bioresonance therapy (this time “sugar”). We discovered that the EBV was reactivated. Since therapy she has once more been able to breathe freely through her nose.

Case 6  S.S., female, aged 56
We have been treating 56-year-old patient S.S. for chronic lymph oedema for 10 years. Both her legs are affected as well as her face, abdomen and hands. Bioresonance therapy has always succeeded in reducing the oedema swelling. She had been complaining of extreme fatigue and exhaustion since mid 2011. At the end of the year the oedema therapy no longer worked in the usual way. Testing revealed (reactivated?) infection with the Epstein Barr virus combined with toxoplasmosis. Kinesiology also detected that the thyroid was affected. Laboratory tests failed to confirm either newly occurring or euthyroid Hashimoto’s thyroiditis. After treating both viruses and several thyroid programs the tiredness improved after a short while. Lymph discharge slowly improved.

Case 7  Neurologist, aged 54
We observed the same viral combination (Epstein Barr and toxoplasmosis) in a 54-
A 50-year-old neurologist. Her main symptoms were pain in the muscles and joints, abdominal pain, recurrent diarrhoea, problems sleeping, night sweats and extreme tiredness. Her condition also affected her mentally and she was no longer able to carry out her job as a hospital consultant. Once the intestinal mycosis which was also present was treated and the EBV and toxoplasmas viruses were eliminated, she was much better and able to work once more.

**Case 8**  
**J.S., female, aged 50**

50-year-old J.S. has been coming to us every two months for two years for treatment of her menopausal symptoms. Her problems sleeping and hot flushes quickly improved each time and the effect of the treatment always lasted several weeks. Suddenly the therapy no longer worked. After a protracted search the cause was found: reactivated gamma herpes viruses. Following appropriate therapy bioresonance was successful as usual once more.

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**Practical tip**

Always consider Epstein Barr virus (or else one or more other viruses) in all cases of chronic fatigue, subfebrile temperatures, swollen lymph nodes as well as newly occurring or returning allergies or other vague symptoms!

**Finally – the kiss**

Epstein Barr virus is spread by airborne infection, often by "mouth to mouth contact". Mononucleosis is therefore often referred to as the "kissing disease". We are Bicom therapists – let’s not spoil the fun …