

# CFS - Rickettsial Infection - Case Studies by Dr. Cécile Jadin, South Africa

**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.

**Giroud Test** - specific for testing antibodies to these 5 antigens (R36):

- |  |   |  |
|--|---|--|
| <ul style="list-style-type: none"> <li>▪ Rickettsia Prowazeki</li> <li>▪ R. Mooseri</li> <li>▪ R. Conori</li> <li>▪ Coxiella Burnetti</li> <li>▪ Neo-R. Q18 (R50)</li> </ul> | } | <p>Done by micro agglutination<br/>                 Depends on the quality of antigens<br/>                 Comparative studies with IFA test gave very similar result</p> <ul style="list-style-type: none"> <li>▪ Positive reaction = presence of antibodies;<br/>(does <b>not</b> necessarily mean illness)</li> <li>▪ Negative reaction does <b>not</b> suppress Rickettsial etiology (R1,25)</li> </ul> |
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### 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:



## Patients and Methods: Statistics of 500 patients (100% Caucasian)

Criteria for selection: first dused as ME, CFS, or Depression

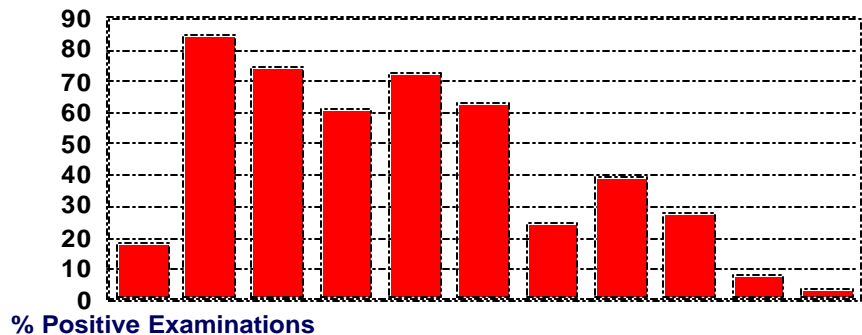
Sex	Age Group	Length of Illness:
Male: 236	<10: 2.1%	< 1 year: 12.5%
Female: 264	10 - 20: 16.7%	1 - 2 years: 20.7%
	20 - 40: 43.7%	2 - 5 years: 29.3%
	> 40: 37.5%	> 5 years: 37.5%

<u>Exposure to Rickettsia:</u>	Known: 95%
	Unknown: 5%

# I. Rickettsia infection symptoms and diseases according to tissue type:

<u>Vascular Tissue</u>		<u>Reticulo Endothial 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%		
Vision - Uveitis Conj. (R1)	39%	<u>Neurological Tissues</u>	
Dermatological (R9,10)	23%	Encephalitis (R1,11,13,17)	12%
Psychotic disorder treated (R9)	69%	Epilepsy (R1,13,24)	69%
Atypical Hepatitis (nausea-vom.)		MS (R4,9,24,37)	5%
(R1,11,12,27,31)	64%	Loss of Balance	28%
Raynaud Syndrome (R13)	69%		
Pulmonary Disease (R6,8,14,31)	21%		
HBP	9%		

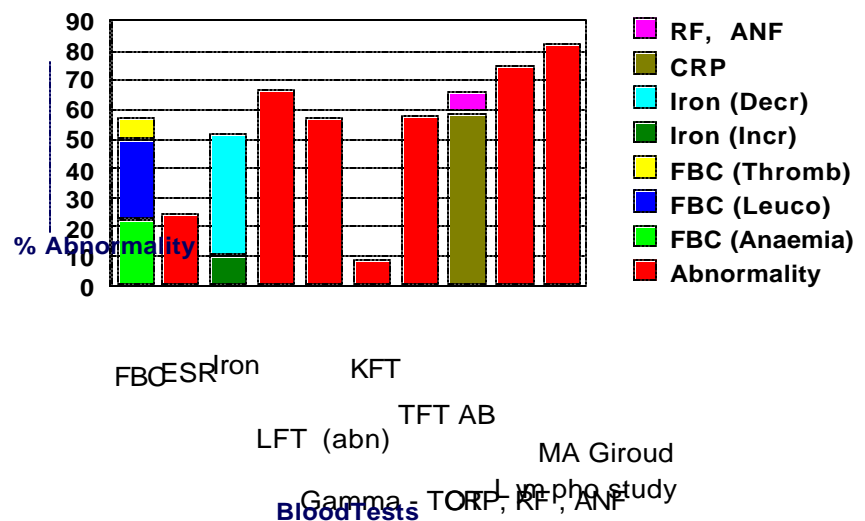
## II. Clinical Examination



Conjunctivitis Throat Inf Heart abn Lymph Nodes Spleen Disen Sweats Skin Abn. Arthritic Abn Splenomegaly

Findings on Examination

## III. Biological Investigations



FBC ESR Iron KFT LFT (abn) TFT AB MA Giroud Gamma TORP Lympho study

Blood Tests RF, ANF

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

#### V. Treatment: average of 7 days/month of Tetracyclines

1. alternated (R6,9,11,28)
2. combined with Quinolones, Macrolides, Metronidazoles (R6,43)
3. high dosage (R1,9,11,13,43)
4. varying in length (fast response, slow response) (R1,9,13,16,25,43,45,48)
5. Anti malaria
6. Adjuvants
7. Exercise (Rickettsia has vascular impact) and hot baths (R9)

#### VI. Herxheimer reaction: Prognosis value (R1,11,18,44,47)

#### VII. Results - Statistics:

Including patients not treated, or treatment not completed

358 patients very well, or cured	72%
101 patients stopped consultation after 1 to 3 treatments	20%
26 patients never commenced treatment	5%
15 patients showed no improvement to treatment	3%

Excluding patients not treated or treatment not completed

358 patients very well, or cured	96%
101 patients stopped consultation after 1 to 3 treatments	4%

**NB:**

% of reactivation or reinfection of patients well improved: 7%  
-, but patients recover after further treatment (2 to 3 months average) (R25,26)

**VIII.** This **Assessment** is performed monthly to judge patients progress towards "very well" : symptoms  
measurement  
increase in activity  
symptomatic medication independence (pain killers, anti-depressants, hypnotics, cortisone)  
medical examination  
biological investigation.

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

However, length of treatment is not directly correlated to the length of illness.

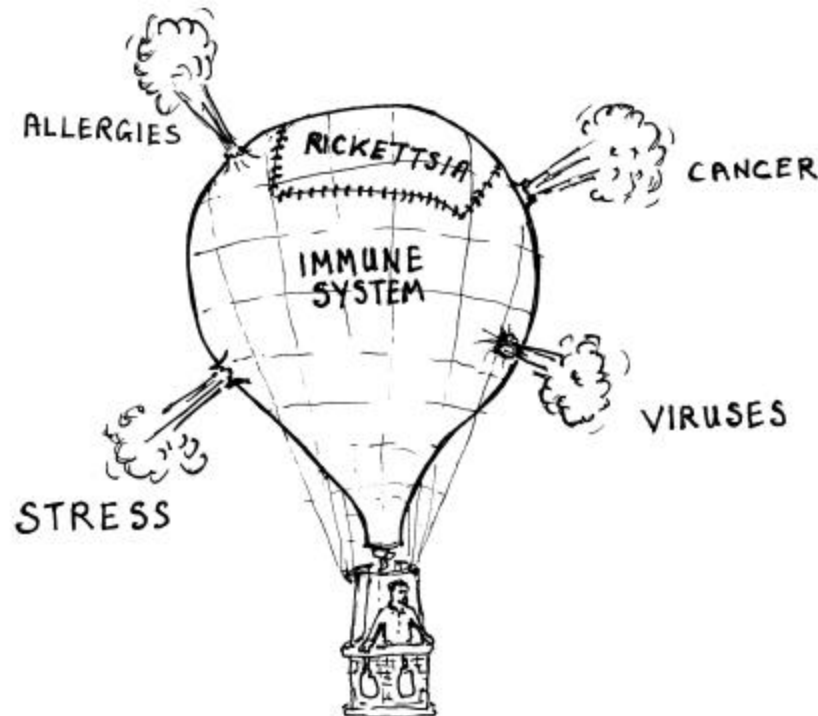
Patients can be divided into 2 categories:

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 questionnaire 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 in Nevada (R40) - Rocky Mountain fever (R7,8)
2. CFS - Nightingale disease (R33)
3. Lymphocyte study results similar in sheep with tick-borne diseases and in patients with CFS (R19,21,22,23) and patients with Q Fever endocarditis (R48)
4. CFS - PQFS (R4)
5. Rickettsial Disease through History (R7,8)
6. Treatment rates success (R28)
7. Interaction between protozoa, viruses, bacteria, and stress? (R9,29,34,36,42)



**Rickettsia**

**is a suggested way**

**to repair an Immune System,**

**quickly or slowly.**

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