



The treatment of Pfeiffer's disease (glandular fever)

Mononucleosis infectiosa treated by biological methods

by Dr Thomas Rau, M.D.



Pfeiffer's disease (= glandular fever = mononucleosis infectiosa) is, as everybody knows, an acute illness which occurs endemically at regular intervals but also frequently as an epidemic. It affects mostly older children and young adults. It can be transmitted by a high degree of physical contact, less so by airborne droplet infection; therefore this illness is often also called "kissers' disease". This disease manifests itself very typically as severe tonsillitis and is therefore not infrequently mistaken for strepto-angina. But it can also be accompanied by severe enlargement of the lymph nodes, pre-eminently in the neck and imperceptible at the start. Likewise, involvement of the liver and of whole of the lymphatic system is frequently diagnosed. In

typical cases the number of monocytes in the blood also increases. An antibody test may be carried out on a tonsil swab.

A typical diagnostic symptom is the lack of response to antibiotics. Characteristically there can also be an often strong blotchy red skin rash (which however disappears within three days) when amino-penicillin is taken: unfortunately this antibiotic is still being prescribed in cases of strepto-angina. The antibiotic treatment of mononucleosis should be regarded as a mistake as this disease is caused by a virus, the Epstein-Barr virus, which like the herpes virus can transform itself into a "slow virus form".

The acute picture of mononucleosis is frequently very conclusive, with a

strong feeling of being ill, fever, enormous weakness, sore throat and large tonsils which occasionally become ulcerated on one or both sides. The lymph nodes are always enlarged. The mostly young patients are often in a very weakened state and orthostatically frail for weeks on end, they also frequently complain of stomachache and nausea. On examination you mostly find enlargement of the liver, often splenomegaly (enlargement of the spleen) and large lymph nodes in the groin.

In a typically long and drawn out illness, as a therapist one frequently worries whether it might not in fact be a case of acute leukaemia. In such cases patients are sometimes offered ridiculous diagnoses and

Table 1: Pfeiffer's disease (glandular fever) - treatment by biological means

Acute phase (as for the majority of acute viral diseases):

Diet: No lactoproteins or meat. In adults particularly, restriction of food intake.

- Fruits should be peeled, best steamed; no bananas (thickening of the lymph);
- Vegetables (alkaline), different types of grain, rice, oatmeal broth, avocados;
- Liver-and-gall tea, sage tea.

Medications:

- RELIVORA complex: take 15 drops four to six times daily ;
- QUENTAKEHL 5X alternating daily with NOTAKEHL 5X: 6 to 8 drops two to three times a day, dropped into the nose or inhaled;
- REBAS 4X: twice daily scatter the contents of one capsule into the mouth, and before swallowing mix well with saliva;
- Lymphomyosot: take 20 drops four to six times daily;
- where there is swelling of the liver: MUCEDOKEHL 4X: take 1 capsule three times, daily after seven days take one capsule twice daily;
- UTILIN "weak" and RECARCIN: take one capsule of each per week;
- to revitalise the milieu: take ALKALA N: 1/4 spoonful twice daily, Vitamin B KOMPLEX SANUM N up to 1 amp. daily, and vitamin C 1-3 grams daily, zinc 30 mg daily and selenium 100-200 mcg daily

Supplementary forms of treatment:

- warming baths, bandaging around the liver area, scarf around the neck;
- Neural Therapy Bl. 23 (stimulation, warding off stress) and tonsils with Engystol N, Echinacea comp. S ampoule, Tonsilla comp. alternating with Galium heel, procaine 1%;
- in serious cases in adults: colonic irrigation, ozone therapy and vitamin C infusion.



advised to visit a specialist. In orthodox medicine there are hardly any effective ways of treating acute mononucleosis. In our opinion any antiphlogistic or even antibiotic form of treatment furthers the development of the much more complicated chronic form. But effective treatment of the acute form is relatively simple for the doctor who uses isopathic biological methods.

Seen from the point of view of holistic medicine, the chronic picture of the Epstein-Barr virus infection is considerably more radical and more complicated. It is supposed that the virus can transform itself into a slow virus stage and that this occurs during the development of detectable, persistent IgG antibodies, occasionally even IgM,

although this is no longer the typical clinical picture; but the disease may present itself quite differently. It is very important that anyone giving holistic treatment should recognise this clinical picture:

- chronic tiredness, weakness, tendency towards depression, lack of energy;
- a chronic tendency to suffer from headaches, sensitivity to smoke, radiation, geopathic stimuli;
- neurological problems such as visual disturbances, inability to concentrate;
- susceptibility to infections.

Chronic Epstein-Barr infection is one of the most frequent causes contributing to "chronic fatigue syndrome", mostly in combination with heavy metal contamination and

dysbiosis. On the basis of Enderlein's discoveries, only milieu factors are responsible for the fact that these very big Epstein-Barr viruses transform themselves into a slow form. Therefore the problem of this disease can also only be solved by revitalisation of the milieu and the release of blockades in the patient's body.

Tables 1 and 2 describe plans for the treatment of acute glandular fever and chronic Epstein-Barr syndrome.

First published in the German language in the SANUM-Post magazine (43/1998)

© Copyright 1998 by Semmelweis-Institut GmbH, 27318 Hoya (Weser), Germany

All Rights Reserved

Table 2: chronic Epstein-Barr syndrome - treatment by biological means

Its development is always caused by a number of factors, the Epstein-Barr virus only contributes to its development. It is important to look for blockades as well as to offer milieu and orthomolecular treatment.

For dental problems and heavy metal intoxication:

- Orthopantomogram, DMPS test for Hg, Sn, Pd and copper.
- For revitalisation and excretion of heavy metals: Vitamin C: 3 grams daily; SELENOMETHIONINE: 1-2 capsules daily; zinc tablets (Burgerstein): 2 each evening, possibly DMSA capsules, 2 capsules per week.

To support the nerve cells:

- VITAMIN B KOMPLEX SANUM N: one injection twice a week.
- Biofrid plus evening primrose oil: 1 capsule three times daily; alternating on a daily basis with LIPISCOR: 5 capsules twice daily.
- Wheatgerm oil, cold pressed: take 30 ml daily.
- MAPURIT: take 1 capsule twice daily.

Treatment with Enderlein remedies:

- MUCCOKEHL 3X, NIGERSAN 3X, PINIKEHL 4X suppositories, alternating on a daily basis: use 1 per day, rectally.
- QUENTAKEHL 5X: introduce 5 to 8 drops into the nose three to four times daily.
- UTILIN "S" weak: take 1 capsule per week.
- Test with POLYSAN Dx.

Supplementary forms of treatment (select one or more):

- Neural therapy: thyroid, suprarenal gland, roof of the throat, tonsils: according to findings
- Medications: Coenzyme comp., Ubichinon comp., Tonsilla comp., Engystol N, LATENSIN, Viscum forte comp. A.