

Chronic inflammation and micro-immunotherapy

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Case report 1



51-year-old female patient



The patient suffers from lumbar and sacroiliac joint pain. In 2016, her doctor prescribes her with antiinflammatory medicines. Intensive physiotherapy does not show any effect.

In January 2017, an HLA examination shows positive HLA-B27 and X-ray confirms Morbus Bechterew. Treatment with non-steroidal antirheumatic Voltaren (2 tablets / day) and Pantoprazol (Inipomp) shows no effect. The rheumatologist proposes treatment with Humira (TNF blocker), which the patient declines.

In May 2017, the patient comes to my practice for treatment:

- ▶ A gluten and casein free diet is introduced together with therapeutic measures to regenerate the gut barrier (glutamine + probiotics)
- ▶ I also prescribe alpha-lipoic acid and phytotherapy.
- ▶ I additionally prescribe her with the micro-immunotherapy **formula INFLAM (1 capsule / day for 2 months)**.

After 1 month the treatment with Voltaren can be reduced to 1 tablet a day. Pain has decreased by 80% by the end of July.

I arrange for a lymphocyte typing and a serology:

- ▶ In general, lymphocyte typing shows non-adaptation with hyporeactivity. T4 and T8 cells are decreased and the T8c/T8s ratio is increased; however, T8c and T8s levels are below the normal range. Soluble interleukin-2 receptor (sIL-2R) is increased, indicating high immune activity.
- ▶ No chlamydia antibodies are detected through serology. EBV serology shows increased EBNA1-IgG and VCA-IgG antibodies, which, together with the high levels of sIL-2R, indicates a viral reactivation.

Based on these laboratory findings, I prescribe her with an immune supportive basic therapy: the formula EID in alternation with the formula EBV (1 capsule / day alternately for 2 months, August and September).

On the next consultation (mid October) the patient is in a good general and emotional status. Pain is only mild, yet she is still taking Voltaren twice a week (treatment with the formula INFLAM was probably discontinued too soon). I advise her to continue with the formulas EID and EBV for 4 more months. Additionally, the low-protein diet is reinforced.

In 2018, her condition is stable.

Case report 2



61-year-old male patient



The patient has suffered from arthritic pain and sinew disorders for many years. He has been treated alternately with painkillers and antiinflammatory medicines, without much success.

Latex and Waaler-Rose as well as HLA-B27 test results are negative. Blood test results (BKS 30mm/h and CRP 3 mg/l) are inconclusive.

The patient comes back to my practice for treatment in March 2017. The following therapeutic measures are introduced:

- ▶ Gluten and casein free diet, regeneration of the gut barrier and low-protein diet.
- ▶ Phytotherapeutic liver and kidney detoxification with curcuma, glycyrrhiza, ribes and barberries.

Lymphocyte typing performed in April shows non-adaptation with hyperreactivity. Additionally, EBV serology shows a tenfold increase in VCA-IgG antibodies.

For the first month I prescribe a daily intake of the formula INFLAM (1 capsule / day in the morning) and the formula EAI (1 capsule / day in the evening). The latter is recommended in cases of immune hyperreactivity. In the following month, the same formulas are taken alternately every 2 days. In the following 4 months, one capsule of the formula EAI or XFS (XFS: immune support in EBV infections in case of hyperreactivity) is taken alternately every second day.

In October, the functionality of the joints is restored and the pain has decreased by 90%. I prescribe the following measures to regenerate the tissue: skate cartilage, fish collagen as well as natural vitamin D.

In 2018, his condition is stable. However, I recommend that he continue to take the formula EID for another 3 months (1 capsule/day, 10 days per month) to maintain homeostasis.

Conclusion

In the case of chronic inflammatory diseases, factors that can influence the correct functioning of the immune system should be ruled out diagnostically and appropriate therapeutic measures initiated. These include leaky gut syndrome, disturbed omega 6/omega 3 ratio, insufficient liver detoxification, oxidative stress, hyperinsulinemia and vitamin D deficiency. In addition, diagnostic tools such as lymphocyte typing make it possible to detect disorders of the adaptive immune response. HLA typing, on the other hand, allows conclusions to be drawn about the genetic component.

On a therapeutic level, micro-immunotherapy plays a very important role in my therapeutic strategy. It aims to restore the functioning of the immune system and the homeostasis of the organism in the long term.