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## HERPES - Treatment with Transfer Factor

### REFERENCES AND MEDICAL STUDIES

[Excerpts from "Natural Immune Booster"-TRANSFER FACTOR by Micobiologist William J. Hennen Ph.D]

Herpes is a disease that manifests itself in recurrent outbreaks. In a group of thirty-seven patients, 62 percent showed marked improvement by either a decrease of the frequency of recurrence and/or shortening of duration. To put this in perspective, this group was suffering an average of twelve herpes relapses per year. After herpes-specific **Transfer Factor** therapy, however, the number of relapses decreased to 3.5 per year. Even the group of the most resistant cases had a 50 percent success rate. In another study, twenty-two patients suffering from genital herpes and twenty-two suffering from labial herpes were orally treated with bovine **Transfer Factor**. Their symptom-free time increased from 49 days before treatment to 140 days after treatment.

In addition to genital and labial herpes, recurrent ocular herpes has also responded to **Transfer Factor** treatment. After **Transfer Factor** therapy, 134 patients with various ocular herpes infections had only one-third the number of recurrences as they did prior to therapy.

A chinese clinical study of **Transfer Factor** on relapsing corneal infection reported an effective rate of 100 percent and the cure rate was 86.6 percent. A European study showed similar results with a 40-fold in recurrence rate and only 18 percent of the patients suffering any relapse of corneal inflammation during the course of observation. Researchers treating patients with relapsing herpetic infections also found very favorable results. Such results are even more amazing when one considers the conventional difficulty in effectively treating herpes, regardless of localization.

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### EFFECT OF ANTI-HERPES SPECIFIC TRANSFER FACTOR

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Using a blood cell separator, lymphocytes were collected from otherwise healthy convalescents suffering from herpetic infections. A specific anti-herpes dialysate (AH-DLE) was prepared from the lymphocytes, using standard procedures. Patients with recurrent herpetic infections were treated with a single dose of the dialysate, at the initial signs of herpetic infection (group A), in two doses (group B) or in three doses (group C). A total number of 37 patients (29 women, 8 men age range 15-73 years) were treated. No improvement was observed in 7 patients (18.9%), whilst 7 patients did not manifest any exacerbation of their herpetic infection in the course of the one-year follow-up. The remaining 62.2% of the patients showed a marked improvement: decrease of the frequency and/or duration or relapses. Before AH-DLE administration, the mean number of herpes relapses in this group of patients was 12 p.a. After therapy, the number of relapses decreased to 3.5 p.a. No statistically significant difference was observed between groups between A and B. The least favourable results were registered in group C. However, this group include 6 female patients extremely resistant to the previously therapeutic attempts, including inoixplex, non-specific DLE or acyclovir. Thus, even in this group, the therapy was successful in 50% of the patients.

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#### ORALLY ADMINISTERED HSV-SPECIFIC **TRANSFER FACTOR** (TF) PREVENTS GENITAL OR LABIAL HERPES RELAPSES

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Forty-four patients, suffering from genital(22) and labial(22) herpes were orally treated with HSV-1/2-specific **transfer factor**(TF) was obtained in vitro replication of a HSV-1/2-specific bovine dialysable lymphocyte extract. Treatment was administered by-weekly the first 2 weeks, and then weekly for 6 months, most patients received 2-3 courses. The total observation period for all patients before treatment was 26659 days, with 544 relapses, and relapse index of 61.2 whereas the cumulative observation period during and after treatment was 16945 days, with a total of 121 relapsing episodes and a cumulative RI of 21.4(P<0.0001). Results were equally significant when the 2 groups of patients (labial and genital) were considered separately. These observations confirm previous results obtained with the bovine HSV-specific TF, and warrant further studies to establish HSV-specific TF as a choice of treatment for preventing herpes recurrences.

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#### COMPARATIVE STUDY OF **TRANSFER FACTOR** AND ACYCLOVIR IN THE TREATMENT OF HERPES ZOSTER

Reactivation of varicella herpes virus (VHV), latent in individuals who have previously suffered varicella, gives rise to herpes zoster and in some cases leads to a sequela of post herpetic neuritis with severe pain which is refractory to analgesics. Many different antiviral agents have been tried without achieving satisfactory results. Of all the antiviral agents employed, acyclovir has been the most successful in reducing post herpetic pain. However acyclovir has not been as reliable as interferon alpha (IFN-alpha). We have previously looked into the use of **transfer factor** (TF) as a modulator of the immune system, specifically with respect to its effectiveness in the treatment of herpes zoster. In this work findings from a comparative clinical evaluation are presented. A double blind clinical trial of **transfer factor** vs acyclovir was carried out

in which 28 patients, presenting acute stage herpes zoster, were randomly assigned to either treatment group. Treatment was administered for seven days and the patients were subsequently submitted to daily clinical observation for an additional 14 days. An analogue visual scale was implemented in order to record pain and thereby served as the clinical parameter for scoring results. The group treated with **transfer factor** was found to have a more favorable clinical course,  $P < \text{or} = 0.015$ . Laboratory tests to assess the immune profile of the patients were performed two days prior and 14 days after initial treatment. The results of these tests showed an increase in IFN gamma levels, augmentation in the CD+ cell population but not the percentage of rosettes in the **transfer factor** treated group. These parameters were however insignificantly modified in patients receiving acyclovir. Although **transfer factor** treated patients showed an increase in CD4 + counts these cells remained below the levels for healthy individuals. the fact that IFN-gamma levels as well as the counts for CD4 + cells rose in the **transfer factor** treated group and not the acyclovir one is very significant and confirms the immunomodulating properties of **transfer factor**.

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