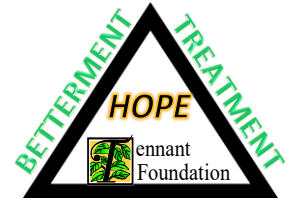


PROTOCOL FOR EPSTEIN-BARR VIRUS (EBV) REACTIVATION



This protocol is for those persons with adhesive arachnoiditis (AA) or other severe painful condition who have one of the following blood tests positive indicating that EBV has reactivated:

1. Early Nuclear Antigen Antibody (EBNA)
or
2. Polymer Chain Reaction-DNA

PROTOCOL

1. Vitamin C, 2000 mg in AM and PM
2. Vitamin D, 1000 to 2000 units a day
3. Selenium, 200 mg a day
4. Cistus incanus, 500 mg in AM and PM
5. Option: Lysine, 3000 mg a day or andrographis, 400 mg in AM and PM
6. Ivermectin Trial: Take 9.0 to 18.0 mg a day for 7 to 10 days. If pain and other symptoms improve, take 6.0 to 18.0 mg on 2 days a week. If no symptoms improve at the end of 10 days discontinue.

How long should treatment continue? As long as testing shows the virus is reactivated.

Options: Consider chloroquine or Valtrex 500 mg BID if testing continues to show reactivation after the ivermectin trial.

Special Note: Standard treatment for adhesive arachnoiditis including pain relief and anti-inflammatory measures such as methylprednisolone and ketorolac should be continued. Treatment of EBV reactivation is an “add-on” to standard treatment of AA.

References

1. Kerr J. Epstein-Barr virus (EBV) reactivation and therapeutic inhibitors. *J Clin Pathol* 2019;0:1-8.
2. Wood RA, et al. Serologic markers of Epstein-Barr virus reactivation are associated with increased disease activity, inflammation, and interferon pathway activation in patients with systemic lupus erythematosus. *J Translational Autoimmunity* 2021;4:1000-17.
3. Lin TP, et al. Inhibition of the Epstein-Barr virus lytic cycle by andrographolide. *Bio Pharm Bull* 2018;31:2018-2023.
4. Traeder JM, et al. Cistus inconnu L Pandalis and its broad antiviral properties. *J Dis Med Plants* 2021;7:100-118.

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