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Symptomatic relief of herpetic skin lesions utilizing an energy-based approach to healing

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Abstract

Herpes simplex virus induced oral and genital ulcerating lesions will fluoresce brightly yellow and yellow-orange, respectively, if treated with a chlorinated solution of neutral red and exposed to ultraviolet-A light. An orange to red fluorescence is seen with similarly treated and illuminated Herpes zoster virus induced shingles; while treated human papillomavirus induced genital warts display more of a purplish fluorescence. Pain and discomfort commonly disappear soon after the treatment and all lesions undergo expedited healing that is readily observable within 24 h. The mechanism of healing is thought to involve an interaction between neutral red and alternative cellular energy pigments (ACE pigments) present within the viral lesions that enhances responsiveness to ultraviolet light energy. The healing effects are not restricted to the treated lesions and may involve transmission of a biological energy throughout the body. Beyond its obvious clinical and diagnostic utility, this model system may help usher in a new era of energy-based medicine.

Keywords: Neutral red; Ultraviolet light; Herpes simplex virus; Herpes zoster virus; Human papillomavirus; Alternative cellular energy pigments; Energy medicine

Introduction

Herpes simplex viruses (HSV) typically cause persistent latent infections within neurons that innervate mucosal and squamous epithelial surfaces in the oral and/or genital regions (Whitley, 2002). In susceptible individuals, the neuronal infection will periodically reactivate allowing virus to infect the innervated epithelium. Infection and the evoked antiviral inflammatory reaction lead to the formation of infectious vesicles that will usually last for several days. The vesicles cause considerable physical and psychological distress as well as providing a means of virus transmission to previously uninfected individuals.

Conventional therapy of HSV lesions has involved the use of drugs that chemically inhibit virus DNA replication (Moomaw et al., 2003; Snoeck, 2000). These include the nucleoside analogue Acyclovir which is selectively phosphorylated (activated) by HSV coded thymidine kinase. Less conventional and largely unproven approaches to therapy have been directed at either reducing stress levels and other factors that are thought to be involved in virus reactivation or enhancing the ability of the immune system to more effectively suppress a virus outbreak.

In the early 1970s, one of us (JS) observed the apparent destruction of HSV-infected cells that were stained with the dye neutral red followed by exposure to ultraviolet light. This observation led to independent clinical studies that attempted to treat both genital and oral HSV skin lesions using a broad spectrum white light exposure of lesions stained with liquid neutral red dye. These studies failed to show any beneficial therapeutic effect (Myers et al., 1975, 1976). In spite of this and other negative studies, individuals treated by JS were clearly benefiting. The published procedures differed from the method used by JS in several respects. Specifically, JS was using ultraviolet light as opposed to a full spectrum or even regular white light; JS

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used a freshly prepared solution of neutral red to which he added a small quantity of sodium hypochlorite (bleach). Finally, JS regularly observed fluorescence of the exposed lesions.

The clinically effective procedure has been termed PAVIS for photoactivated virus improvement system. In addition to expediting the healing of HSV-induced oral and genital lesions, PAVIS has been successfully applied to shingles caused by Herpes zoster virus (HZV) and to genital warts caused by human papillomavirus (HPV). This paper discusses the potential mode of action of PAVIS therapy in terms of energy activation of alternative cellular energy pigments (ACE pigments) that can develop in response to certain types of virus infection.

Materials and methods

Following an IRB approved protocol, patients with oral or genital herpetic skin lesions were randomly assigned to either a neutral red or food coloring treatment group. Neutral red powder was purchased from Spectrum Chemical Manufacturing Corp. (Catalogue number NE 113). McCormicks Red Food Color containing FD&C Reds 40 and 3 food coloring was purchased from a local supermarket. On the days that patients were being seen, a moistened Q tip swab was placed into the neutral red powder such that the powder covered the entire Q tip (5–10 mg). This was then swirled into 10 ml of sterile water to which sodium hypochlorite (bleach) was added to a concentration of 0.02%. The food coloring was similarly dispensed to yield a solution of comparable red color. The patients were not informed at the time of treatment whether neutral red or food coloring was being applied. The HSV lesion was gently scrubbed or debrided to remove any scabs, and the vesicles or sacs were broken or punctured. A very slight degree of bleeding occasionally occurred. Either neutral red or food coloring solution was applied to the area using a Q tip. The treated area was then exposed to an ultraviolet light source from a Wood's or Burton's lamp with an emission maximum of 365 nm. This wavelength falls within the region of non-hazardous ultraviolet light termed A1 (Diffey, 2002). The lamp was held 3 in. away from the lesion. A similar procedure was followed for patients with shingles who had multiple skin lesions due to HZV.

Typically, the patients experienced a slight tingling sensation with neutral red but not with food coloring. Furthermore, the neutral red treated oral HSV lesions regularly developed a bright yellow fluorescence with slight swelling and fluid extrusion. Either yellow or more commonly a yellow-orange shade of fluorescence was seen with genital HSV lesions. Neutral red treated and ultraviolet light illuminated HZV induced shingles displayed an orange to red fluorescence. No fluorescence was seen on uninvolved skin. The ultraviolet light exposure was terminated as soon as the tingling sensation ceased and/or the fluorescence had largely faded. These changes normally occurred after approximately 10–15 min. In any event, exposure of tingling or fluorescing neutral red treated lesions did not extend beyond 30 min. Non-tingling, non-fluorescing, food-coloring-treated lesions were exposed to light for 15 min. The treated area in all patients was subsequently cleaned with soap and water to remove excess dye or coloring. A loose dry swab was placed over treated lesions. The patient was instructed to return in 24 h and to report on whether a significant reduction in symptoms (pain and discomfort) had occurred beyond that of the patient's prior experience. The lesion(s) was then reexamined and recorded as either remaining active or having become inactive with evidence of marked healing.

Several patients with HPV-induced genital warts have also been treated. Multiple punctures were made through the surface of the wart using a fine 27-gauge needle. The neutral red or food coloring was then applied to the wart. The induced fluorescence was decidedly more purplish than with either HSV or HZV lesions. In some patients with multiple warts, only a single wart was treated with neutral red.

Results

Symptomatic relief immediately following neutral red plus light therapy and unequivocal expedited healing, readily observable within a day of therapy, have occurred in several hundred previously treated patients with oral and genital HSV-induced lesions. In the present study, patients were assigned to have either neutral red or a red food coloring applied to their skin lesions followed by exposure to ultraviolet-A light. Lesions to which neutral red was applied exhibited either a bright yellow or a yellow-orange fluorescence usually beginning within a minute of turning on the ultraviolet light. As in previous studies, oral herpetic lesions would typically fluoresce yellow, while genital lesions more frequently displayed a yellow-orange color. The fluorescence generally lasted for about 10–15 min. Patients consistently reported some relief immediately following this therapy. Symptomatic relief was not reported by patients on whom food coloring was applied, nor was any fluorescence observed. At 24 h, all of the HSV skin lesions treated with neutral red followed by ultraviolet-A light appeared inactive with normal skin growing over the remaining crusted area. The lesions in patients in whom food coloring was used remained active with no apparent signs of expedited healing. These patients were then informed that they had been included in the control group and were offered the opportunity to be treated with neutral red. In each case, the newly treated lesion exhibited fluorescence and at 24 h showed definite signs of expedited healing. Essentially, similar results were obtained in patients with shingles and in several patients with genital warts. A tabulation of the results obtained in the ongoing