

Letter

IMMUNOTHERAPY OF HERPES SIMPLEX WITH INTRALESIONAL CANDIDA SKIN TEST ANTIGEN

Herpes simplex virus (HSV) infects about 16 percent of the population. It is one of the most common and recurrent viral infections.¹ Most people treat HSV with oral antivirals or nutritional supplements, such as lysine. We have shown great success at treating another viral infection—warts—with intralesional Candida skin test antigen (ILCSTA) injections.²⁻⁸ In our clinic, we have anecdotally treated many patients who suffer with recurrent HSV with intralesional Candida immunotherapy.

The rationale behind immunotherapy to treat viral infections has been discussed at length in our prior publications.²⁻¹¹ Briefly, in the case of warts, Human Papillomavirus (HPV) is able to evade the host immune system. By injecting something that the host immune system recognizes as abnormal, in this case Candida skin test antigen, there is epitope spreading and unveiling of HPV, so that the host immune system then recognizes HPV. We sought to discover if the same principle would hold true for other viral infections.

We have attempted immunotherapy with intralesional Candida skin test antigen for the treatment of molluscum and have been successful. Because the molluscum contagiosum virus (MCV), however, is usually self-limited and non-recurrent, we have not decided to publish these findings.

We have prospectively treated many patients with recurrent HSV with immunotherapy of intralesional Candida skin test antigen (ILCSTA). We present the results of three patients in hopes of someone initiating a clinical trial to further test this hypothesis.

1. A 66-year-old white man who suffered with more than six episodes of HSV of superior gluteal cleft for many years was injected with ILCSTA once and has not had a recurrence for more than 12 months.

2. A 70-year-old white woman who suffered with 10-12 episodes per year of herpes labialis for more than 40 years was injected with ILCSTA once and has not had a recurrence for more than three years.
3. A 15-year-old white man who suffered with recurrent Herpes labialis of more than six episodes per year was not responsive to oral Acyclovir, Famciclovir, or Valcyclovir. He was evaluated at Arkansas Children's Hospital for immunodeficiency. He was injected twice with ILCSTA and now only suffers with about one to two episodes of HSV per year.

We hope by presenting these three cases of immune stimulation by ILCSTA to treat and prevent further recurrence of HSV that further research will be commenced to prove this hypothesis.

We also want to share this as an anecdotal low-risk inexpensive treatment option for patients suffering with recurrent HSV. ■

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