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Complex multi-system illnesses occurring within a family: Presumptive evidence for an infectious disease process

Abstract

Society is witnessing an increasing incidence of illnesses with neuropsychiatric manifestations. Prominent examples include autism and learning disorders in children, depression and chronic fatigue syndrome in adults and neurodegenerative diseases in the elderly. Although clinically diverse, all of these illnesses could be contributed to by infectious agents. If so, one might expect to trace the occurrence and progression of various brain damaging illnesses among various family members. An example of this occurring in three generations of a family was described in an article that was submitted in 2015 to "Emerging Infectious Diseases," a journal published by the Centers for Disease Control and Prevention (CDC). The journal declined to publish the article, which is in line with other efforts by CDC to deny the existence of stealth adapted viruses. Essentially, the exact same article is published herein with the addition of a final paragraph. This additional paragraph relates to recently compiled data indicating that certain stealth adapted viruses have transmitted genetically unstable, infectious monkey cellular genetic sequences to humans. The issue of stealth adapted viruses truly warrants urgent Public Health attention.

Keywords: stealth adapted virus, epidemic, family, chronic granulomatous disease, amyotrophic lateral sclerosis, chronic fatigue syndrome, Parkinson's disease, delusional parasitosis, morgellons disease, ace pigments

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Family history

A Caucasian family enjoyed upper middle class living in the United States. The wife had a walking impairment, similar to that of her father. It had been diagnosed as a mild case of Charcot-Marie-Tooth disease and had not caused any major disability outside of restricting sports activities. Her father was head of data processing for a bank and lived happily with his wife of 30 years, enjoying strong community and social support. His life changed dramatically when at 65 years of age he experienced a discrete but rather non-specific flu-like illness with fatigue and muscle aching. Rather than resolving, the daughter recalls a gradual but progressive deterioration in his demeanor and personality. He began to express anger, complain of impaired memory and slept excessively during the day. He would sit idly with a blank stare. The illness forced his retirement. Severe headaches soon began, and hydrocephalus developed requiring placement of a shunt. His voice became monotonal and his muscles began to atrophy with notable rigidity. Clinical diagnoses have included Alzheimer's disease for which he was prescribed donepezil hydrochloride (Aricept), and Parkinson's-like illness. At least 3 outbreaks of shingles-like eruptions have occurred over the last 4 years. Persisting small ulcerating skin lesions and recurrent mouth ulcerations have also been noted.

The man's wife was forced to deal with family matters. Within several months, however, this task became more difficult. She too began to complain of tingling and weakness in her arms, tinnitus, shortness of breath with occasional panic attacks, and irregular bouts of diarrhea. She had worked as a school teacher with excellent social and communicative skills. These functions changed dramatically as she progressively became more distant with paranoia. She was diagnosed as being hypothyroid and hypertensive, for which medications were prescribed. Radiologically identified lesions in her lung were considered granulomatous without any definitive diagnosis. Thrombocytopenia was also noted. The woman became obese and neglectful of her own and her husband's care.

Because of the deterioration of her parents' health, a daughter arranged for them to move into her home. The move occurred approximately a year after the onset of her father's illness. Plans were made for renovating the house to accommodate her parents. Not long, thereafter, both the daughter and her husband became ill and the renovations have remained unfinished. The daughter recalls feelings of excessive fatigue, irregular bouts of diarrhea, dull persisting headaches and insomnia. Small ulcerating, acne-like pruritic skin lesions were noted from which she could extract pigmented, irregularly shaped structures. Draining lymph nodes were slightly enlarged and painful. Her hair became more brittle and her face acquired a drained look with dark circles beneath her eyes. A biopsy of a skin lesion was classified as prurigo nodularis[1,2] from neurotic excoriation. Her description of the structures from the lesions was interpreted as delusional parasitosis, also called Ekbom's disease.[3,4]

The wife's husband, who at the time was 38-years old, was a successful marketing manager for a major telephone company. Within several months of his in-laws moving into the house, he experienced an episode of diarrhea with occasional vomiting accompanied by bouts of coughing. As these symptoms resolved, he experienced overwhelming fatigue, insomnia, headaches and unprovoked perspiration. His personality changed dramatically from that of a caring husband and father to an indifferent, neglectful and occasionally angry individual. His wife noted significant dementia aggravated by dysarthria. Neurological examination revealed wasting of small muscles of his hands and generalized hyperreflexia and increased muscle tone. He exhibited bilateral extensor plantar responses, a positive Hoffmann's sign and mild fasciculations. He was diagnosed as having amyotrophic lateral sclerosis and prescribed Riluzole. He was also placed on

Baclofen and Celexa for depression, Accupril for hypertension, and Prevacid for indigestion. His wife has noted a peculiar body odor and acne-like lesions. He now walks with difficulty and is unable to rotate door handles. Both shoulders are frozen from lack of movement. His wife's major concern is the apparent indifference he shows to his own care, and to the deteriorating health of their four children.

His eldest son is now 20 and has noted a marked loss of short-term memory and diminishing muscle strength with frequent tingling. A daughter of 14 had a distinct mono-like illness with sore throat and fatigue that has not fully resolved. Her school and sporting performance changed from being a gifted student active on the softball team to barely being able to cope with her studies and relegated to a back-up cheerleading squad. Her mother withdrew her from school to try to provide home schooling to make up for the shortcomings in her learning capacity. The daughter is on Prozac for depression. She experiences frequent migraines and has become somewhat obese. Daughters now 11 and 5 years are also experiencing short term memory loss and are unable to attend regular school because of an attention deficit disorder. The 11-year-old developed a severe thrombocytopenia, with platelet levels as low as 10,000/μL. Platelets have been maintained between 50-100,000/μL with repeated gamma globulin injections. A 1 cm cyst was identified in the pineal gland and is being managed conservatively. The child has slight eosinophilia. The children's hair has been thinning with a defined bald spot on the child with thrombocytopenia. All three children regularly develop small ulcerating mouth lesions that persist for 1-2 weeks. They express little joy in life, have lost most of their friends and obtain little or no emotional support from their father.

The children's mother has also had to deal with recent onset illnesses among her siblings, several of whom have tried to help with the care of their parents. A now 30-year-old brother moved in with the parents in their own home soon after his father became ill. From being a successful artist, he has become socially withdrawn, depressed with outbursts of anger and suicidal thoughts. He has been unable to hold a steady job and now works as a part time bartender. A sister, now 36, has developed a lupus-like illness with a positive ANA, recurrent miscarriages, aching joints and muscles, shortness of breadth, chronic fatigue, depression and marked weight gain. Her husband has sinusitis and what have been called fungal lesions. Another of her brothers, now aged 44, and his wife, have had two outbreaks of shingles in the last year. Four years ago, their two children stayed with the grandparents. A baby girl at the time and now aged 4 has been diagnosed as having chronic granulomatous disease, which is extremely rare in girls. The diagnosis was offered to explain skin lesions infected with Chromobacterium violaceum.

A pet dog belonging to the grandparents was euthanized because of protruding skin lesions, unsteady gait and uncontrolled in-house urination. A dog belonging to the daughter became unusually skittish and aggressive shortly after the parents moved in the house and was also euthanized.

Discussion

The above description underscores several of the problems in our current medical system. First, none of the attending physicians has bothered to focus beyond an individual family member. Second, the labeling of the grandfather's illness as idiopathic hydrocephalus and her husband's illness as ALS has seemingly obviated the need to delve further into possible causes. Third, in spite of the daughter's pleas, no one has lent credence to the possibility of an infectious process progressively taking its toll on her husband, herself and now her children. She has repeatedly been put down as being neurotic, with delusional parasitosis. Her task is made all the harder by the "la belle indifference" shown by her husband and by not wanting to emotionally burden her children.

The woman made contact with the Institute of Progressive Medicine because of published findings on stealth-adapted viruses. These viruses are not effectively recognized by the cellular immune system and, therefore, do not provoke an inflammatory response typical of most infectious diseases.[5–13] They can be detected by culturing with fibroblasts causing the normal spindle shaped cells to form clusters of foamy vacuolated cells with syncytia.[5,13] The clusters commonly acquire pigmented inclusions, similar to complex structures seen in tissue biopsies of stealth virus infected patients.[12,13] These mineral-containing, electron donating materials accumulate in the tissue culture supernatants of stealth virus cultures and seemingly provide the striking repair process that occurs in infrequently re-fed stealth virus cultures. Cell survival in spite of marked mitochondria disruption, as well as various energy-based studies, support the concept that these pigmented materials provide an alternative (non-mitochondria) source of cellular energy.[12,13] They have accordingly been termed alternative cellular energy pigments (ACE pigments).

Several stealth virus infected patients and animals have been noted to excrete ACE-pigment-like materials in perspiration. As in the stealth virus cultures, conglomerates of fine materials can form visible structures that can assume irregular ribbon and thread shapes and can display varying colors. Patients have reported seeing such structures on bed sheets and in bath water. They can also be seen and felt attached to hair strands and sometimes misidentified as lice. Patients are sometimes led to believe they are parasites because of the tendency to show marked electrostatic attraction and repulsion. The particles are typically auto-fluorescent and contain various minerals when examined using energy dispersive X-ray (EDX) analysis. They have electron donating and electron accepting properties. A patient support group has encouraged the use of the term Morgellon skin disease to refer to similar unusual skin lesions (http://morgellons.org). Belated apologies are probably due to many patients accused of being delusional because of sensing and observing ACE-pigment-like particles within their skin.

Electrostatically active, auto-fluorescent fine particles can occasionally be observed in patients' blood samples. Similar structures were likely misidentified by earlier investigators, such as Antoine Bechamp, Virginia Livingston and Gaston Naessens, as pleomorphic microorganisms, especially when seen in association with ribbon and thread-like materials. ACE-pigment-like threads can also be collected from environmental sources adding to the confusion of their origins and underlying nature.

The performance of diagnostic stealth virus cultures was prohibited by the Federal Government in late 2002 on questionable grounds (a copy of correspondence relating to the inspection process is available at www.s3support.com). Efforts to develop clinical assays for ACE-pigments and for stealth virus infected bacteria were also stymied by Federal Regulations. These actions have delayed progress in addressing an important Public Health issue.

The Nation is facing a growing incidence of chronic illnesses with characteristic neuro-psychiatric symptoms. Among these illnesses, are nearly 20,000 cases of encephalitis diagnosed annually within United States hospitals[14] Even when subjected to detailed diagnostic procedures, no etiological cause can be identified in over 60% of patients with encephalitis.[15] Autism rates are increasing nationwide

and childhood learning and behavioral problems are overwhelming the educational facilities. The concept of stealth-adaptation is not particularly difficult to grasp, and the published data, including findings in animals inoculated with these viruses are compelling.[16] The conclusive finding that several of these viruses were derived from African green monkey simian cytomegalovirus (SCMV) has implicated their origin from live polio vaccines.[17,18] These vaccines were grown on kidney cells from SCMV contaminated monkeys and virus DNA was present in licensed polio vaccines.[19,20] The argument that FDA investigators are unable to culture virus from contaminated vaccines is unconvincing especially given the argument that they cannot release any of the vaccines for independent testing because of proprietary restrictions. FDA has also argued in legal proceedings against a mother wishing to have the polio vaccine tested that her child had received prior to developing a severe and eventually fatal neurological illness. Efforts to test for stealth-adapted viruses in illnesses such as autism and learning disorders in children, psychiatric illnesses in adults, and neurodegenerative diseases in the elderly has been steadfastly avoided by Public Health officials. Arguably, members of the family described in this paper, as well as other individuals with brain damaging illnesses, etc, ought to bring legal suits to compel Public Health testing for infectious agents. Such action may help protect other members of society and will surely lead to the development of more targeted therapy, including the use of natural products with ACE-pigment-like activity.

Additional insight into the stealth adaptation process has come from DNA sequence data on polymerase chain reaction (PCR) generated products from the positive stealth adapted virus cultures of two different, unrelated CFS patients.[21] Six PCR generated products from the first culture and seven PCR generated products from the second culture were cloned and partially sequenced. Three important conclusions have been drawn from these studies: 1. All of the sequences from the first culture and four of the seven sequences from the second culture are derived from rhesus monkey cellular sequences. Rhesus monkeys were used to produce polio vaccines prior to the switch to using African green monkeys. 2. The two cultures have several rhesus monkey related sequences, which are sufficiently similar to each other to indicate that the viruses must have had a common origin, with subsequent changes being a reflection of genetic instability. 3. The three sequences in the second culture that are of human origin probably arose from homologous recombination. It is, therefore, possible that at some time during the human passaging of the virus, rhesus cellular sequences have entered into the human genome. Were this to occur in a germ cell, it would be sustained through subsequent generations. The excessive production of certain cellular sequences is linked to various specific illnesses, including cancers. This can be even more likely if the cellular sequences are mutated or from a different species. It will be important, therefore, to include the monitoring for specific illnesses as well as the occurrence of more diverse illnesses among family members as described in this paper.

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Conflicts of interest

The author declare no conflicts of interest.

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