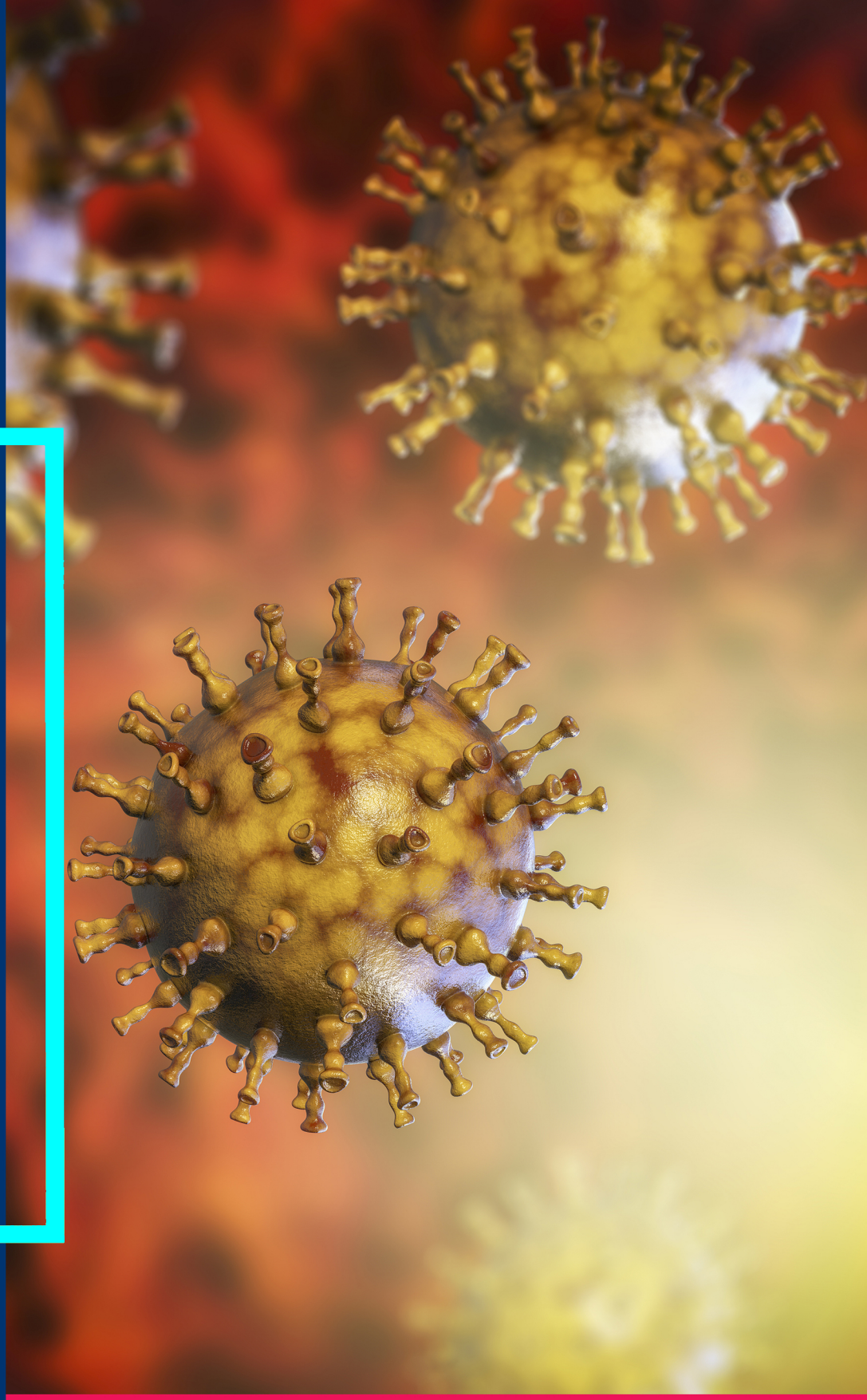
THE SHINGLE SOLUTION



Blue Heron Health News

By: Julissa Clay

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How to Use This Book

Since there is such a wealth of information contained within the pages of this book, it is understandable that not everyone will want to read everything. For this reason, the book is divided into very easy-to-use sections.

'*Part I: Where to Begin*' addresses the basic facts about what shingles is, how it can affect you, what tests are used to get a diagnosis, how it may benefit you and a brief review of how the book aims to tackle the disease.

'*Part II How Our Machinery Works to Produce Either Health or Disease'* describes in detail exactly how your body works in order to stave off a viral infection, particularly in regards to those found in the herpes family. In the same respect, this is also the section that covers how the virus alters our ability to fight it off as well as all the dietary and lifestyle factors that lend it extra power over our biology – factors that we mostly have control over.

'*Part III: Calling in Nature's Cavalry*' encompasses all the tools you have at your disposal to heal yourself and rid your nervous system of shingles once and for all. These include a diet high in lysine, vitamins, minerals, herbal botanicals and unique therapeutic interventions that are all designed to tackle shingles and repair the body after the war is over.

'*Part IV: The Part Where You Win*' is exactly that. This is the part you should go when you want to start the protocol and take matters back into your own hands, giving you the step-by-step plan that this whole book is about!

The appendix section at the back of the book contains useful materials that you will need during the course of the program. They include a pain relief guide, a compendium of the basic recipes used throughout the course of the protocol and a supplements guide which gives you details on the natural supplements you'll be taking. The last appendix is a printable template which you may want to use when working with your food diary.

PART I
Where to Begin

1.1 Introduction

When embarking on a journey, what we think has a highly profound effect on how we arrive at our final destination, especially when it comes down to any goals concerning health. I personally believe that no true healing takes place in the body without a shift in mindset. Naturally, one of the foundational principles in this book will relate to the mind and how one thinks.

Having picked up this book, you probably have at least a basic idea of what Shingles is - that is to say; a type of virus that causes pain in the nerves, rashes on the skin and that comes from chicken pox. This view may be a great place to start if you've never heard of Shingles in your life before; however, if you have been living with the condition or somebody close to you has been, then this view is not particularly helpful and could cause more harm than good.

If you define disease in the context of the negative symptoms that arise as a result and then identify with the concept, the body intelligently responds in kind. This view does nothing to address 1) the true cause of Shingles, 2) that disease is not necessarily a permanent state of being, 3) the relatively negative misconception many have of viruses in general, and 4) that much can be done to tackle the viruses that cause us harm. In a sense, this simplistic idea sets us up with a predetermined mindset of doubt about whether this condition can change or not, placing a limit on our thinking; which is something I personally would like to dispense with throughout the course of this book. Thinking and feeling repeatedly, "I have Shingles" (a.k.a. I am that) cannot be conducive to true healing. If you have a Shingles diagnosis, this is worse because you have the physical sensations of the symptoms that seemingly affirm this view, but I would like to point out that it's still only one side of the story. Shingles is an expression of imbalance in the body and through just a little bit of understanding and effort, one can shift any expression of imbalance to one of balance.

With this in mind, I would like to present to you, the reader, with a broader view of the body that appreciates how it works as a whole. Our bodies are comprised of a complicated series of networks that are capable of self-healing, auto-regeneration and maintaining a healthy micro-ecosystem. By connecting the dots between the immune system, all the bacteria and viruses that inhabit us, our diets, our mindsets and how it all interacts with the environment; we are able to see a much fuller picture and grapple with a truer reflection of how our bodies operate. From this expanded view, one is able to understand that both 'health' and 'disease' are merely transient states of the body, rather than something that is permanently fixed or stuck. Equipped with the right knowledge and tools, we can become the masters of our health and well-being, able to adapt to any challenges presented to us. With that thought, I would say your journey to achieving well-being is already off to a good start!

1.2 A Word on Viruses and the 'Micro-verse' at Large

Shingles is caused by a virus.

Before I discuss what shingles is in more detail, I would like to take a moment to bring your attention to the concept of a virus - what is a virus? A virus is essentially a fragment of genetic material contained within a protein coat; or in other words, strands of DNA or RNA contained within a sealed carrying device. Viruses are capable of infecting cells of a host (plant, animal or bacteria) that are typically much larger than itself through physical contact made with the host. After contact is made, most viruses inject their genetic material into the host cell or bacteria, after which it begins to dominate - which may or may not be a bad thing, as explained below.

Viruses do not appear to be dead or alive, so they are referred to as being infectious agents, rather than living organisms. Very similar to a parasite, computer virus or program, they use host cells to replicate, thereby either adding to or taking over the system. Many viruses use the resources of the cell to replicate or simply insert themselves into the DNA of the host cell, causing the cell to do all the replication work for it when the cell divides. With this insertion into the host DNA, viruses can also change the genotype of the cell, causing the either the cell or bacteria to become infected, pathogenic and/or resistant to antibiotics.

I would like to stress here that not all viruses are bad for us and some may even be necessary to our survival!

In the last few decades, scientists have been thoroughly exploring all the various human microbiomes in niche organs of the body, uncovering a world of friendly bacterial activity that plays a vital role in our immune system, digestion and nutrient absorption. Probiotic bacteria out-number human cells in the body by a ratio of ±10:1 and regulate many bodily functions via the by-products they manufacture. Without our friendly gut bugs, we would not be able to break down food, our immune system's would never be able to keep calm or discern intruders and we would not be able to maintain good overall health[1].

Upon deeper investigation, research has shown that at a deeper level beyond the microbiome, there exists what is known as the human virome. Even though scientists have known of it's presence for a few decades already, they have only managed to unravel ±1% of what they estimate inhabits the human virome. This is due to the sheer volumes of viruses that inhabit us and all our already trillions of bacteria! The virome exists on a smaller scale than the microbiome and forms a part of it, with multiple types of viruses co-habiting our bacterial colonies - both within the gut and all other organ systems of the body. Some of these viruses do good, others appear neutral, some are dormant and others are pathogenic. Our bodies are truly a diverse and highly complex eco-system.

Placing this information into a more Shingles-oriented context, I hope you are beginning to see that there are two sides to the equation: viruses that promote health and viruses that promote disease. Some researchers theorize that we already inherently have every single virus known to

mankind, good or bad, and that we only become overrun by a bad virus when the state of our immune system's shift, allowing for that virus to dominate.

Viruses are also linked with several other diseases, such as Alzheimer's Disease[2] and cancer[3], due to the way in which they alter the immune system and switch our genes. In order to bring the body back into balance from viral imbalance, it is important to switch our genes back into a healthy configuration, get our immune system's to work properly and make sure we are only inhabited by positive gut bacteria and beneficial viruses. This book's protocol is aimed at doing just that, simultaneously working as a preventative measure for all these states of disease and rather promoting a strong state of health. Some viruses have also been linked to both rapid and natural aging; thought to be a major factor in the aging process that depletes our bodies of resources and weakens our immune systems on all fronts. Even why our hair loses color could be potentially linked to pathogenic viral agents and as such, it's possible that this book's protocol may have additional anti-aging benefits that science has yet to uncover!

In the next chapter I will discuss in more detail how the shingles virus is capable of taking over and how our immune system's work (including the microbiome and virome portions) to keep the balance. Improving our immune function and shifting the dominance of positive bacteria and their beneficial viruses is one of the sole aims of this book. The following chapters will detail factors that initiate virus reactivation or that weaken the immune system, natural interventions you can use to empower your immunity and halt the virus in it's tracks, alongside tools such as a simple health program designed with all this information already factored into the formula.

1.3 What is Shingles?

Shingles is the common name for a specific manifestation of the chickenpox virus or varicella zoster virus[4] (VZV). The "pocks", fevers and respiratory symptoms that result upon first time exposure to the virus is what modern medicine classifies as an acute varicella attack or chickenpox. After this initial attack, the varicella virus becomes dormant in the nervous system of anyone who has been exposed. The vast majority of people (more than 90%) have been exposed to chickenpox at some point in their lives and still contain the virus suspended in a latent form in their nervous systems; typically the dorsal root ganglia which are neurons that exit either end of the spinal column[5].

In spite of all having the virus, only ±20-30% of exposed people tend to develop shingles later on in life as a consequence, while the remaining 70-80% still harbor the virus in a dormant state. In susceptible individuals, VZV reactivates as the varicella zoster virus, causing cold sores through viral shedding and typically persistent pain in the nerves.

The virus tends to favor our nerve endings and begins replicating from there when reactivated before spreading to the skin via infecting immune cells that try to protect the neurons at the primary site of VZV reactivation. Most strains of VZV hangout in the dorsal root ganglia, which is the part of our nervous system that extends out of the spinal column, connecting the central nervous system to the peripheral nervous system. In rare cases, herpes zoster can infect and reactivate in the sensory ganglia of the cranial nerve. The infection spreads throughout the body via the nerves, lymphatic system, immune cells and bloodstream until it reaches the surface of the skin. Symptoms (such as nerve pain, fever and fatigue) often present themselves at least 48 hours prior to skin lesions during incubation, shortly after the immune dips and the virus reactivates.

Varicella zoster belongs in the alpha-herpes virus family, which is why both chickenpox and shingles outbreaks resemble cold sores; a common symptom associated with most herpes viruses. Accordingly, other names for VZV are Human Herpesvirus 3 or Herpes Zoster. While the varicella zoster virus is responsible for both chickenpox and shingles, scientists will typically make the distinction by referring to chickenpox as either varicella or varicella virus; while shingles is called by the full name or herpes zoster, even though they are one and the same virus. The word Zoster originates from the Greek word meaning "girdle" or "belt", a reference to where the cold sores commonly manifest in shingles; mainly around the waist, hips, torso and thighs.

The reactivation of latent chickenpox (shingles) is different to the initial acute attack (chickenpox) in that the reactivated form does not express itself in the lungs and is therefore not an airborne disease. A person with shingles is still contagious through physical contact and could potentially transmit an acute attack of chickenpox to a person for the first time. The cold sores present in either chickenpox or shingles contain fragments of the live varicella zoster virus. This being said, the cold sores in chickenpox differ in appearance to herpes zoster; being described as having singular "dew drop" blisters with red swollen skin around the affected area. In contrast, Shingles' cold sores usually have multiple of these blisters in one area.

The way Herpes Zoster viral infection progresses is broken down into three unique stages[6]:

1. **Pre-eruptive stage.** Pain or sensations in the skin and nerves can be felt at least 48hours prior to infection. Fever, fatigue and light sensitivity are common.
2. **Acute eruptive stage.** Typical shingles blisters appear in clusters all over the infected areas of the body, usually near and on the torso and thighs. The blisters often burst before drying out, are accompanied by non-localized pain in the nerves and are infectious to others who have little or no immunity to chickenpox. This stage lasts 2-4 weeks on average, usually with the pain subsiding completely with the rash.
3. **Chronic infection stage.** Pain that lasts longer than 30 days after the blistering rash subsides signals that the person is having a chronic latent infection and suffering nerve damage. The pain is often disabling and could last longer than 12 months.

Shingles has a wide variety unique expressions too, depending on the kind of bacteria it forms viral relationships with. Some cases of Shingles present themselves as other conditions (mimicking them), such as multiple sclerosis, eczema, chemical burns, etc; or become reactivated due to other infections. For example, it is quite common to find antibiotic-resistant forms of Staphylococcus Aureus bacteria at shingles cold sore sites. Nasty strains of Staphylococcus and Streptococcus bacteria appear to be common infections that go hand-in-hand with Shingles.

VZV also writes itself into the genetic code of our bacteria and cells, especially nerve cells, making sure our own bodily systems and allies work to produce and protect the virus. This is actually not limited to the VZ virus but applies to many viruses in general. Viruses appear to plug and play with the genetic coding of all life forms, learning and adapting as they go along. This means that even though we are talking about varicella zoster virus, the way it interacts with the genes of two people will differ and cause further unique strains of the same virus. It's typically the state of our immune system's that gives rise to these variations, as the virus will begin to adapt to whatever challenges it is presented with.

A clear example of this is a subset condition of Shingles known as Herpes Zoster Ophthalmicus; in which the varicella zoster virus reactivates in any part of the nervous system that involves the eyes, contributing extra eye symptoms to the ones already characteristic of the virus[7].

Part of the way viruses work is by keeping the body in a state of low-grade inflammation while they hijack our cells and good bacteria. In this way, Shingles may also be seen as a continuous state of inflammation and chronic immune suppression - especially in the nerve endings, blood and skin. Chronic inflammation and a constantly wired immune system can also give rise to leaky gut: a condition in which the gut is breeched with micro-punctures, immune tolerance is low, the immune system is over-stressed and the gut microbiome is in a state of ill health. All of these factors are crucial components of our frontline immune defenses, which will be discussed in more detail later on in the book.

Other viruses in the alpha-herpes virus family share a few close traits with VZV, particularly herpes simplex virus I. Not surprisingly, those with Shingles may suffer from other herpes virus infections simultaneously, particularly if they have crippled immunity. Examples of viral herpes co-infections include Cytomegalovirus, Epstein-Barr Virus and Herpes Simplex. Therefore, this

book may be beneficial in general for those who are currently fending off other types of herpes viruses.

The logic behind tackling all viruses is generally similar and usually revolves around strengthening immunity; yet many of the same immune mechanisms and remedies that specifically tackle herpes zoster will naturally pertain to several members of the herpes family as well. Keep in mind that there are still differences between all herpes strains and that the basic similarities point to a few joint replication pathways, some overlapping genes, favoring nerve endings (being 'neurotropic' viruses) and producing similar symptoms of chronic inflammation, cold sores and enhanced pain.

1.3.1 Symptoms of Shingles

Shingles has different symptoms that present themselves at different times, depending on the state and stage the virus is in. The most common symptoms are a rash, pain and nerve inflammation, which are discussed below in more detail.

Rash

During latency, the shingles virus expresses a few genes that keep the virus suppressed in a dormant state, also referred to as the lysogenic cycle. The moment the virus expresses or reactivates, switching into it's lytic (destructive) cycle, an acute attack of shingles results, giving rise a few days later to an itchy rash of cold sores or blisters typically seen around the waist, hips, thighs and sometimes the torso. The rash often makes the skin feel very sensitive and any slight touch can feel painful, itchy or both. Often people battle to sleep purely due to the rash.

The individual cold sores are slightly different to chickenpox in that they do not resemble "a dew drop on a rose petal," but have several "droplets" that seem to collect in one spot. Individual clusters of these blisters tend to last about 3-5 days while the entire rash often disappears within 21 days without treatment. However, without proper treatment, Shingles is likely to remain dormant in the nerves and keep recurring when the host's immunity takes a dip.

Nerve Inflammation

Shingles is related to the original herpes simplex virus type 1 (HSV-1) and therefore some of it's symptoms overlap. Varicella zoster virus is capable of hanging out throughout the entire nervous system of the body, including in the brain. It has been shown that herpes viruses in general overburden and confuse the immune system through promoting chronic low-grade inflammation to express in the body, particularly in nerve endings. In the brain, the release of this persistent inflammation can cause neurological symptoms associated with mood disorders, heightened pain, sleep problems, lowered cognition and so on. Many elderly individuals who suffer from Shingles have notably reduced cognition after an episode due to this neuro-inflammation. The research shows that Shingles (or any other pathogenic herpes virus infections) increases the risk of contracting dementia, Alzheimer's Disease and other similar brain disorders in the same fashion.

Pain

Heightened pain in the context of herpes zoster is a common symptom of the disease and is officially called "herpetic neuralgia". The pain can begin two days or more before the rash occurs and lasts for 2-4weeks after the rash has abated. There is a chance that the pain will continue for a prolonged period of time, at which point the pain is referred to as post-herpetic neuralgia and the infection is deemed chronic (see in the next section). The risk is higher with age, in women, in those with previous or existing chronic illnesses, who are on immune suppressive medications and those who are infected in the facial nerves connecting to the eyes (ophthalmic shingles). More details on what causes the pain experienced in shingles are discussed under the complications section (see 'Post-herpetic neuralgia').

Other

Since the nervous system is the dominant site of viral infection and the nervous system connects every organ system of the body, one may experience a boarder spectrum of symptoms from head to toe. The most commonly reported symptoms aside from cold sores and pain are often expressed in the digestive tract (mainly the liver, spleen and intestines but occasionally other digestive organs as well), the lymphatic system, sinuses and kidneys.

A few examples of other classic symptoms of herpes zoster infection include:

- Fever
- Fatigue
- Swollen lymph glands
- Light sensitivity
- Tingling sensations in the nerves
- Headaches
- Irregular bowel movement
- Digestive difficulties
- Trouble sleeping or impaired sleep quality
- Peeing too much or too little

1.3.2 Herpes Zoster Complications

As VZV can infect bacteria, neurons, immune and blood cells, it has the ability to spread to most compartments of the body in those with compromised immune systems. This in turn can give rise to other complications that form usual shingle profiles in people; however, these complications are also what can make diagnosis tricky, as viruses have the tendency to mimic other conditions.

The protocol described later on in this book has taken into account all shingles complications and is able to treat all of them, with uniquely-tailored advice where necessary. For those who have picked up this book and are having difficulty with shingles for the first time, it is likely that complications will not express and that if they do, they will be easily resolved. For those of you who have been battling with chronic shingles reactivation for a long time, it will take longer for the body to re-establish its healthy baseline and repair itself.

1.3.2.1 Post-Herpetic Neuralgia

If you have shingles or know somebody with the condition there is a high chance that they could also contract post-herpetic neuralgia, where the pain does not subside as soon as the rash does. For most with this complication, the pain persists for 30 days, but may last for a year or longer. In some rare cases, the pain may subside and flare up again persistently.

The risk of developing post-herpetic neuralgia increases with age. Those who are between the ages of 55 and 59 stand a 27% chance of developing it, while those over the age of 70 stand a 73% risk on average. The risk is also greatly increased in those who are affected by Shingles in the optic nerve. Interestingly, women appear to have a higher chance of developing post-herpetic neuralgia than men.[8] Scientists believe that this is possibly related to sex hormones[9] and the changes they make to the brain and nervous system through natal growth, puberty and maturation.[10]

COX-2 is part of the cellular mechanism directly involved in creating anxiety[11] and acute pain by over-stimulating pain receptors in neurons[12], particularly as seen in shingles patients. Lesser activation of this mechanism is also responsible for causing itchiness.[13] Pain can also be produced by outright neuronal damage caused by excessive inflammation or calcium influx (typically seen in over-excited or "excitotoxic" neurons). In those who develop severe post-herpetic neuralgia, it is likely that heightened viral brain inflammation will also be observed, alongside an eventual autoimmunity towards pain receptor activation[14] [15]. This vicious cycle of herpes-induced pain, inflammation and autoimmunity is also largely tied into why shingles patients who have chronic infections with constant neuralgia are at an increased risk of developing nerve damage or other chronic diseases. Conversely, autoimmune patients are also at a much higher risk of contracting shingles[16] as the state of an autoimmune immune system is ideal for the virus to thrive.

On a positive note, COX-2 inhibition is known to provide pain relief, prevent pain receptors from being activated and constitutes the basis for how NSAIDs work[17]. AMPK activation inhibits COX-2, as do many herbal botanicals, and both have been linked to markedly lowering pain and injury in those with debilitating nerve damage. As discussed in the chapter to follow, NSAIDs and other painkillers are not ideal for using during a shingles outbreak as they suppress the immune system and contribute to perpetuating viral latency and reactivation in the long-run. Aside from the fundamental focus of the protocol being AMPK regulation, other natural methods have been described in the protocol later on that work better with our biology for pain relief.

The common treatment is the use of painkillers in combination with antiviral therapy and sometimes with the added use of corticosteroids. In the natural remedy section of the book, I will cover a few simple and effective plant extracts that one can use instead of pharmaceuticals. It is important to understand that pharmaceuticals - particularly in these categories - are agents that commonly suppress the immune function, which is not helpful for fighting off Shingles and can lead to creating a chronic infection.

1.3.2.2 Chronic Infection

If post-herpetic neuralgia does not subside after 30 days and persists, then the infection is classified as chronic and has a higher chance of spreading systemically. Chronic shingles reactivation and continuous post-herpetic neuralgia can last indefinitely, but tends to subside after 12 months on average, depending on the state of the immune system of the infected person.

1.3.2.3 Disseminated or Systemic Varicella Zoster Infections

The virus may spread systemically throughout the whole body via the nervous system, blood and lymphatic system, eventually infecting more of the skin and other organs as well. This is potentially the most severe form and can be fatal if left untreated. As any organ can be affected, there can be any number of symptoms due to chronic inflammation and cellular damage. In susceptible individuals, heart attacks, comas, indigestion, metabolic problems and nerve spasms are all possible scenarios.

Other common symptoms of zoster due to the spread of the virus through the bloodstream include:

- Bone mineral loss
- Tooth loss
- Tooth abscesses
- Cavities
- Stiffening of the arteries and joints

While it is more commonly seen in those with chickenpox, it is technically possible for varicella zoster virus to infect the lungs too. However, as shingles, the latent virus is not thought to be contagious through breathing onto others unless they lack immunity to chickenpox or have a severely malfunctioning immune system, such as in the case of HIV patients.

1.3.2.4 Resistant Staphyloccocus Aureus & Other Secondary Infections

As VZV dips the immune, it is known to form relationships with resistant bacteria and other herpes viruses. Sometimes the rash will take on a unique appearance when more than one infection is occurring. Secondary infections can lead to chronic shingles episodes due to immune suppression and continuous immune activation.

Aside from other herpes viruses, one of the most common microbes Herpes Zoster seems to work with is Staphylococcus Aureus. S. Aureus produces redness, swelling and a very itchy rash that can appear anywhere on the skin and eventually develops a yellow crust. S. Aureus spots should never be provoked or scratched as this can lead to severe internal swelling and damage. Thanks to the overuse of antibiotics, many people are exposed to antibiotic-resistant strains of S. Aureus (especially in doctor's rooms or hospitals), making it very difficult to treat in the conventional sense. Resistant S. Aureus is often persistent, recurring in continuous cycles until properly treated and can also be triggered through vector transmission (i.e. through mosquito, flea, tick, spider and animal bites or scratches).

In the case of Shingles, S. Aureus forms a formidable partnership with the virus that results in continuous immune suppression. If the virus reactivates, the immune weakens and can result in S. Aureus infection. The opposite may also occur where the Staphylococcus infection causes a dip in the hosts immunity that leads to the reactivation of varicella zoster.

S. Aureus and other resistant bacteria often evade conventional treatment by cycling between different forms. In the case of resistant staphylococcus, it cycles between being dispersed throughout the bloodstream (planktonic form) and clumping together to form thick colonies or biofilms. Modern therapeutics are not very effective against biofilm activity and mostly hone in on targeting live infections in the dispersed state.[18]

Fortunately, there are a few natural remedies that happen to boost AMPK, tackle pathogenic biofilm formation, persistent S. Aureus infections and a number of other resistant pathogens. I have included these as part of the general protocol to make sure that those who follow it are safe from other opportunistic pathogens while working towards building an optimal immune function.

1.3.2.5 Severe Nerve Damage & Paralysis

Particularly in the elderly and immune-compromised, Shingles can cause paralysis due to continuous nerve damage. Muscle weakness, losing control of one's bladder and breathing problems as a result of the diaphragm being paralyzed are all also possibilities. This is a rare complication that only happens in a very small percentage of people and is often seen in combination with autoimmunity or musculoskeletal conditions. The severity of this complication is not usually extreme enough to cause permanent paralysis or damage and often resolves when the current round of Shingles reactivation ends for those who have these symptoms. Those who have chronic shingles attacks or disseminated VZV stand a higher chance of experiencing nerve damage and paralysis.

The moment you begin to follow the protocol, however, you will already be on your way to helping your body repair any damaged nerve endings. The next section of the book explains how and why.

1.3.2.6 Herpes Zoster Ophthalmicus

This is a condition in which Shingles is active in the optic portion of the trigeminal nerve and often results in swelling and pain around the eyes as well as a rash on the forehead. The rash above and around the eye is typically seen on one side of the face only. The chronic inflammation experienced in the eyes may result in varying degrees of vision loss and debilitating pain. Roughly about 25% of people with Shingles will present symptoms of this complication[19] and it is also one of the easiest shingles diagnoses to mistake for another eye condition entirely.

1.3.2.7 Ramsay-Hunt Syndrome

Some complications of Shingles involve its spread to the nerves of the inner ear and mouth, which can cause additional symptoms such as pain and blistering in the ear, throat and on the

outside of the ear. Dizziness, hearing loss and loss of taste may also occur as a result, all of which is known as Ramsay-Hunt Syndrome. These symptoms tend to appear like a passing ear or throat infection and are not usually associated with long-term damage to the nerves in these areas; however it can increase the risk of full-body dissemination of the virus. Ramsay-Hunt Syndrome can make it difficult to chew food or swallow, making fluids easier to digest for those with this complication. All symptoms are known to subside with the suppression of the shingles virus.[20]

1.3.2.8 Severe Brain Inflammation (Meningoencephalitis)

Severe inflammation of the brain and particularly in the meninges (gland-like tissue surrounding the brain and spinal chord) is common in those who contract herpes viruses or experience reactivation of them. The net effect of swollen and inflamed meninges can vary from headaches to migraines, poor quality of sleep to outright insomnia, nausea to seizures, difficulty with focus to battling with memory recall, dizziness to blurred vision and so on.[21] The reason the meninges become inflamed during a shingles infection is due to the sudden burst of immune activity in the area. Symptoms usually abate with an active infection, yet brain and nerve damage can result after prolonged intensive brain inflammation of this degree has persisted through time.

One of the worst symptoms of this complication is typically interrupted sleep, as during sleep is the only time that the brain and spinal chord can drain their fluids and rid themselves of toxic cellular by-products. In this case, the infection keeps one awake at a time that one urgently needs to rest in order to properly eliminate viral particles and to keep the immune system functioning optimally. Sleep will be discussed in more detail later on in the book.

1.3.2.9 Cancer & Other Chronic Diseases

Many viruses are linked with both increasing the risk and the onset of cancer and a few other chronic lifestyle diseases due to the potential for chronic low-grade inflammation in the bloodstream. Diabetes, Alzheimer's Disease, indigestion, leaky gut, metabolic syndrome, heart disease, liver disease and many more will be made worse in the person who is suffering from chronic shingles reactivation.

VZV is no exception and has been shown to increase the risk of contracting cancer, particularly of the lymphatic system[22]. Conversely, those with cancer had a higher risk of contracting shingles[23] and both conditions are linked to suppressed immunity and chronic low-grade inflammation. Certain proteins that VZV up-regulates in cells tamper with their lifespans[24], causing them to become "immortal" and inhibiting cellular pathways[25] that are associated with the onset of some types of cancer. [26]

Another disease specifically associated with shingles is Alzheimer's Disease[27]. Shingles attempts to deactivate a specific cellular pathway by taking antiviral proteins, fusing them with amyloid beta and causing them to turn into amyloid beta hybrid plaques. These plaques are essentially hardened lumps of protein which eventually cause neurons to capsize and twist into neurofibrillary tangles. Due to impaired immunity and repair mechanisms, these malfunctioning neurons are not eliminated and thus there are gaps in synaptic function resulting in dementia. The

same pathway involved here is regulated by AMPK (refer to the mitochondria section in Part II) and is known to maintain targeted antiviral apoptosis [28].

The good news is that the entire protocol of this book eradicates both shingles and the forms of cancer it is associated with as well as protecting the brain from neurodegenerative diseases. The majority of medicinal plant interventions outlined later on in the book are adept at regulating the lifespan of our cells and creating an internal environment in which tumors are unable to grow.

1.4 Diagnostic Tools: Testing for Varicella-Zoster Virus & Other Viral Herpes Strains

Herpes Zoster is usually easily diagnosed by a physician purely based off the clinical presentation of symptoms. You have very likely picked up this book after receiving your diagnosis already, however you may want to have yourself tested to clarify if you truly have shingles and not another member of the herpes virus family. It is a known fact that as many as 10% on average (possibly more) of the specimens tested in laboratories contain herpes simplex virus and not varicella zoster virus. Furthermore, shingles symptoms can be confused with allergic reactions or combined with them.

1.4.1 Polymerase Chain Reaction Testing

To ensure that the doctor's diagnosis is accurate and also in the case of complications or abnormalities, it is best to get the doctor to send a sample to a laboratory for testing. The most sensitive method scientists currently have for testing if shingles is active is through polymerase chain reaction testing, in which a swab of the infected skin is sent to the lab and checked for VZV. It is a good idea to insist on this type of test and to make sure that you are not actually fighting off a HSV infection instead.[29]

1.4.2 ELIZA

Enzyme-linked immunosorbent assay or ELIZA is a test that sense levels of shingles antibodies in the blood. This method is not as sensitive as PCR and can lead to inaccurate results that contain false negatives[30]. This means that you may have it when it says you don't or you may not have it when it says you do.

However, in some cases of shingles, ELIZA is more useful than PCR as it can potentially detect if shingles has become systemic. In patients who present the VZV rash in an unusual place or who may be suspected of instead having another clinical problem and not herpes zoster, the ELIZA test can help to confirm if the abnormality is indeed related to shingles or not[31].

One thing that ELIZA can help with is showing the status of your immune system and whether it is still on high alert against herpes zoster. In this way, you can get a rough sense of your progress, however it's not a requirement. The results from the test will show the antibodies, which typically begin to die down 3.5 weeks into reactivation as the body resolves the outbreak.

1.4.3 Other

There are no other tests that are worth mentioning in regards to diagnosing shingles. However, even if the diagnosis was confused for a different herpes virus, the protocol in this book also covers treating those with HSV-1 and may possibly also treat other herpes viruses.

1.5 The BRIGHT SIDE of Contracting Shingles

Believe it or not, contracting shingles actually does have a bright side to it!

In patients who suffer from severe chronic diseases that suppress immunity, the ones who contract shingles as a result tend to live longer, in spite of what one might expect. This is due to the fact that the immune system of those who had shingles tends to be better than those who did not have it, particularly in cases where bone marrow is depleted. In those who required bone marrow transplants, shingles sufferers were better equipped at integrating foreign matter from a donor than those who did not contract a shingles flair-up. Last but not least, while shingles can cause the onset of certain cancers, it has the ability to protect the body from other types such as gliomas.[32]

At any point in time that you feel disheartened by the negative aspects of having a shingles infection, I would like to challenge you to remember the positive side: shingles is bound to make you a survivor!

1.6 Can Shingles Truly Be Cured?

Just remember that destructive viruses like varicella zoster are few and far between when compared with the estimated trillions and trillions of positive viruses we have inhabiting us, all forming part of the beautiful complexity that is our immune system! Both sides - our immune system and the herpes zoster virus - are continuously learning from one another and finding new ways to fight back or sabotage the progress of the other side. Every time the virus goes back into latency and no shingles spots are present, your immune system is winning and if one battle can be won, so can the war!

The good news is that resistant strains of bacteria and their viruses can be effectively dealt with using natural remedies that work to boost our overall immunity, as well as helping to target specific organisms. In this book, I will show you how inner biological peace can be achieved. Through knowing what your immune system needs to maintain balance in the body, you can win back your health once and for all!

In order to truly heal from Shingles or any host-destructive virus, we need to:
1) Stop the virus from binding and replicating, halting it in it's tracks.
2) Destroy and eliminate or detoxify virally corrupted cells (including both bacterial and human cells).
3) Switch genes back into a healthy configuration, otherwise the virus will infinitely "reprint" itself genetically every time the cell is copied.
4) Regenerate any damaged areas of the body through boosting mitochondrial function.
5) Maintain a robust immune system which includes a thriving, diverse gut microbiome swarming with friendly bacteria alongside their potentially ***beneficial*** viruses!

In the following part of the book, we will look in more detail at what is currently known to reactivate the varicella zoster virus (which roughly boils down to anything that suppresses immunity); followed by natural remedies that can be used to combat the virus and help you or a family member take their health back into their own hands!

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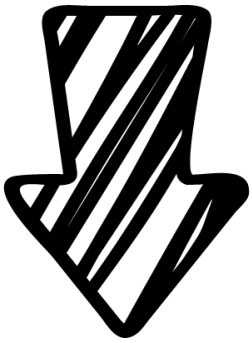

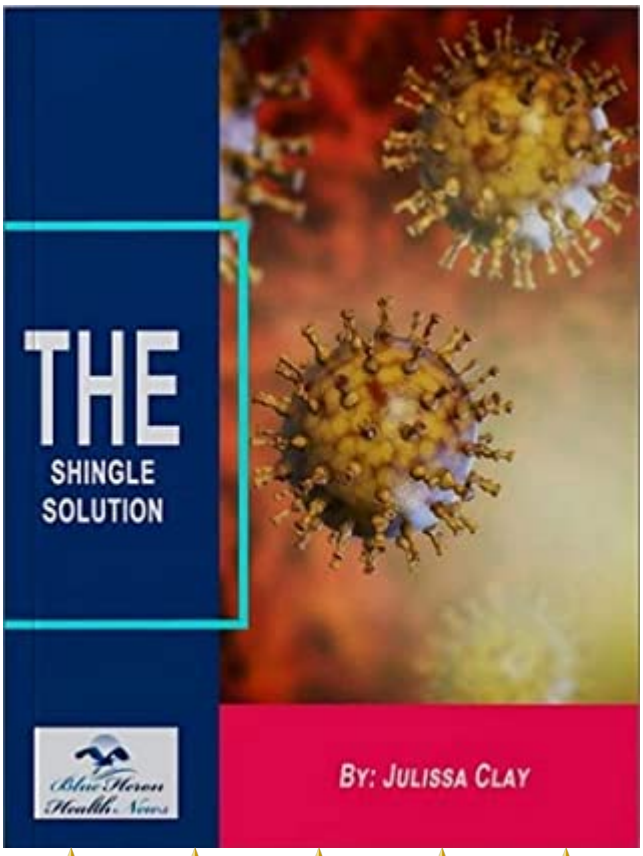

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