

Depression, Psychotic Dysfunction, Rickettsial Infection Case Study

by

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Summary: The possibility of a Rickettsial origin for symptoms of depression and psychotic dysfunction has been suggested by French scientists (Ch. Nicolle, Giroud, Legag, Jadin, Bottero) in their published works. Hence 300 patients, diagnosed as suffering from depression, or other neuropsychiatric dysfunction have been treated with antibiotic where a positive indicator of Rickettsial infection was revealed as follows:

1. Many symptoms of these patients were similar to those exhibited in chronic Rickettsial diseases.
2. The treatment followed the finding that their serum reacted positively to the **Giroud** micro-agglutination test.

Giroud Test - specific for testing antibodies to these 5 antigens (**R36**):

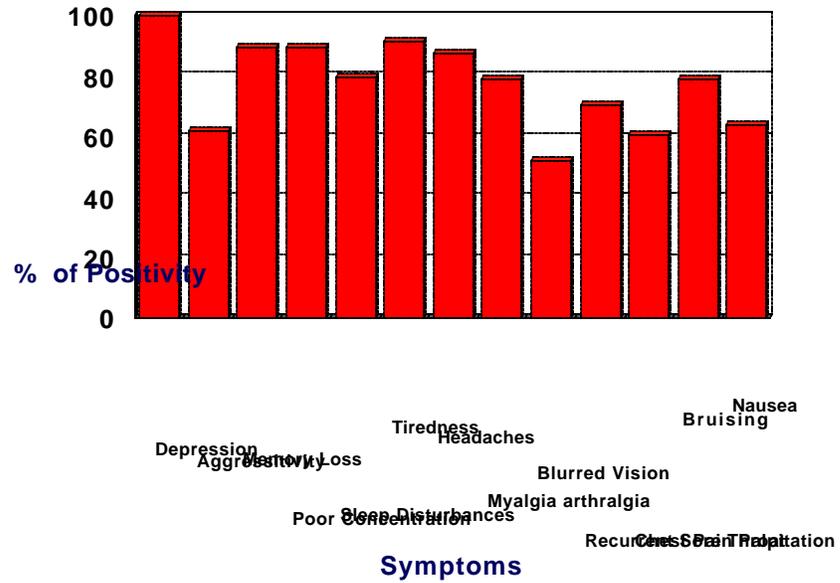
- Rickettsia Prowazeki
 - R. Mooseri
 - R. Conori
 - Coxiella Burnetti
 - Neo-R. Q18
- } Done by micro agglutination
Depends on the quality of antigens
Comparative studies with IFA test gave very similar result
- Positive reaction = presence of antibodies;
(does **not** necessarily mean illness)
 - Negative reaction does **not** suppress Rickettsial etiology
(**R1,25**)

Patients and Methods: Statistics of 300 patients (100% Caucasian)

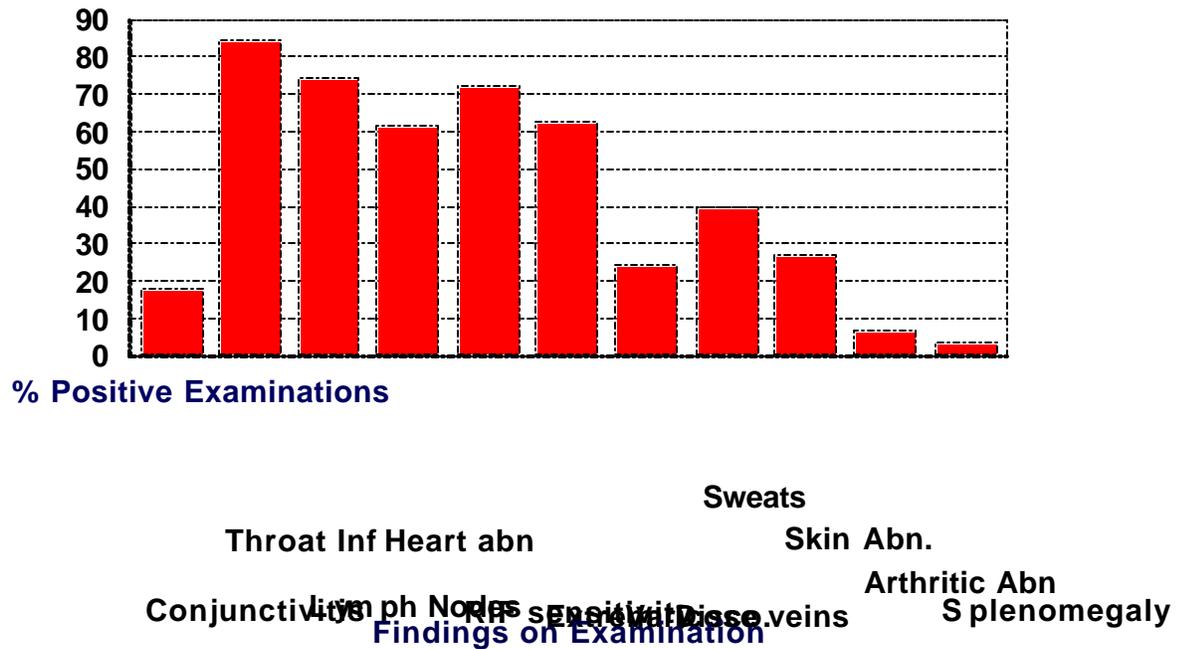
Selection Criteria: first used as Depression and Psychotic ?

<u>Sex</u>		<u>Age Group</u>	<u>Length of Illness:</u>	
Male:	127	12 - 69	Minimum	6 months
Female:	173		Maximum	20 years
			1 exc .	3 months

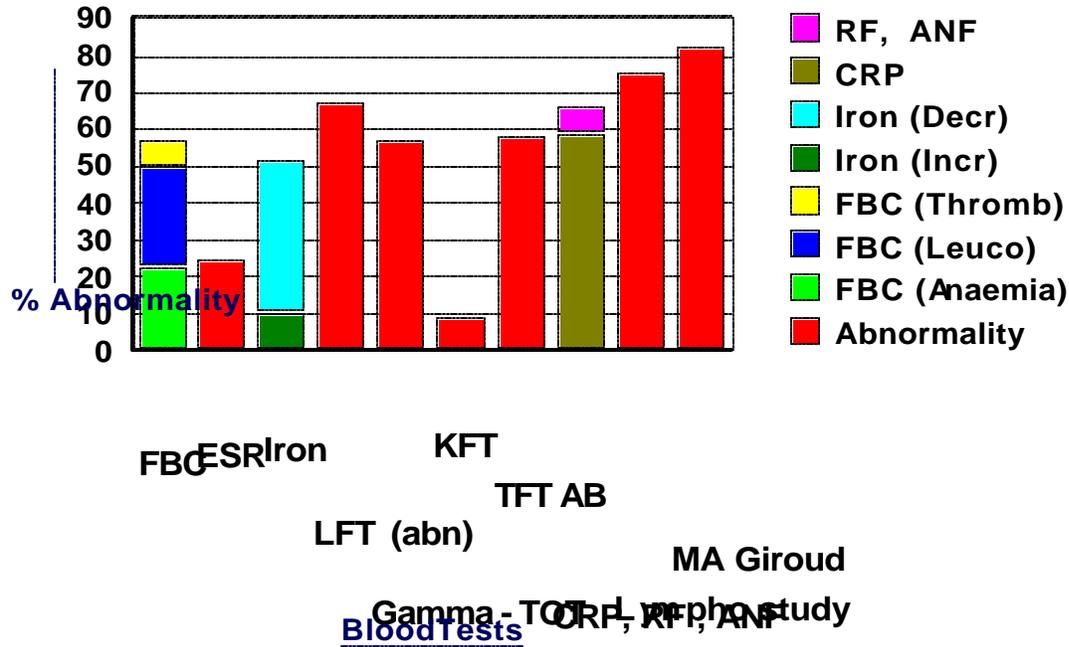
I. Main Symptoms:



II. Clinical Examination



III. Biological Investigations



NB: The difference between Poster 1 and Poster 2 results was so small that I took the liberty of showing the same chart

IV. CXR - MRI (Brain Scan done on 62% of cases = NAD) - Joints X Ray

V. Treatment: average of 7 days/month of Tetracyclines

1. alternated
2. combined with Quinolones, Macrolides, Metronidazole
3. high dosage
4. varying in length (fast response, slow response)
5. Anti malaria
6. Adjuvants
7. Exercise (Rickettsia has vascular impact)

VI. Herxheimer reaction: Prognosis value (R1: P734 and P751; R11, R18:P437; R47)

VII. Results: 300 patients found to be suffering from depression and or psychotic dysfunction were treated with antibiotics in a regime designed to control Rickettsial infection. The success rate for the treated individuals was 92%. 10 individual cases are presented below.

VIII. Detailed Review of 10 cases

1. Male - 12 years old; 3 months illness. Returning from camp and developed encephalitis, hospitalised 1 week, came home with severe aggressivity and depression; 1st diagnosed as psychopath by 3 different psychiatrists. He was treated with Tofranil, Melleril, Aterax. and was about to be admitted to a psychiatric hospital. 2nd diagnosis: CRI. He was given 3 treatments of Tetracyclines. He has stopped all the other medication, he became a school prefect in November 94 and his condition is maintained to present day. Liver function tests previously tested abnormal, now test normal.
2. Female - 15 years old (the sister of the above patient), returning from same camp as her brother with Flu, developed epilepsy., and was treated with Tegretol. 2nd diagnosis CRI. She was treated for 5 months with Tetracycline. She stopped taking Tegretol in November 94 and has had no relapse as of today.
3. Male - 56 years old. A psychiatrist by profession. Illness of 4 years. Diagnosed as endogenic depression. Recovered completely after 8 treatments. Subsequently treated 300 of his own patients with the same antibiotherapy very successfully (R28).
4. Male - 52 years old. Illness since childhood. 1st diagnosed as having endogenic depression. Treated with various antidepressants without satisfactory results. 2nd diagnosis: - LFT ?? (CRP increased, MRI normal). Given 15 treatments of Tetracyclines. He reported that tetracycline was his "best antidepressant". (LFT normalised and CRP reduced). Sadly, this patient committed suicide (reasons unknown).
5. Male - 36 year old, farmer. Illness of 3 years. Diagnosed as acute psychosis; treated with antidepressant, and given shock therapy on alternative months. 2nd diagnosis: CRI. (LFT ?, iron increased, MRI normal). He was given 8 treatments of Tetracyclines. Good improvement was observed after the 1st treatment; and he was asymptomatic after 8 treatments. No other drugs are now required.
6. Female - 26 years old. Illness of 20 years. Originally diagnosed as endogenic depression. Treated with Aropax twice daily, Prozac 4 times a day, pain killers 8 times a day for +/- 10 years. Had many magnesium drips, sleeping therapy. Was very depressed, suicidal, (She wrote off 5 cars!) had aggressive behaviour towards her family, exhaustion and headaches. 2nd diagnosis: CRI: - (thyroid ab raised, CRP raised), currently on 5th treatment of Tetracyclines. Vast improvement after 1st treatment; stopped Prozac, Aropax, and painkillers. Coping well.
7. Female - 59 years old. Illness of 20 years. After acute tick bite fever, developed depression and treated with antidepressants, and gamma globulines. 2nd diagnosis: Rheumatoid Arthritis due to CRI. (RF 236, RW +ve. ANF +ve.) She was given 15 treatments of Tetracyclines. (She had a violent Herxheimer reaction after the 1st treatment; requiring hospitalisation of 2 days). She is now well improved, and is no longer taking antidepressants. (RF 194, RW normal ANF normal).
8. Female - a 44 year old. Nursing Sister. Illness of 5 years. 1st diagnosis: Endogenic depression. Treatments given were: various antidepressants, shock therapy, sleeping therapy. 2nd diagnosis: CRI. She was given 10 Tetracycline treatments. She is now very well recovered, she is no longer taking antidepressants, and she is back at work, working night shift!
9. Female - 40 years old. Diagnosed 5 years ago as maniac-depressive, and was treated with Lithium, Zoloft and Ativan for last 2 years. She was also given electroshock therapy 7 times. She has had duodenal ulcers since the age of 12. She had an appendectomy at age 28. Suicidal. 2nd diagnosis: CRI. Put on course of 8 treatments of Tetracyclines. Well recovered. Stopped Lithium after 4 treatments, Zoloft after 2 treatments,

still takes Ativan occasionally. She is now back at work (previously, she was hardly able to walk 20 metres).

10. Male - 49 yearsold. Professor of Botany at SA university. Suicidal, exhaustion, myalgia, arthralgia, hypertensive. Diagnosed as chronic depression for 15 years; refused antidepressants. 2nd diagnosis: CRI, liver abnormality and CRP increased. Put on 7 treatments of Tetracycline for 8 months. (1991 - 1992). Remarkable improvement after the 2nd treatment. 4 treatments in 1993. 3 treatments in 1994. 3 treatments in 1995. 2 in 1996, 3 in 1997. This continuation is due to his work risk factor (field work, in the South African bush).

IX. Conclusion: When confronted with psychiatric disorders, we should always look for associated pathogens such as:

- Rheumatoid disorders
- Liver disorders
- Peripheral angiopathy
- Iron disorders
- Thyroid antibodies

to help us to orientate a diagnosis and treatment, because as shown by the study there may be a causative link between depression and an infectious agent.