



Fact Sheet

Genital Herpes

HSV 1 & 2 viral infections

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There are six members of the herpesvirus family that are known to infect humans: HSV type 1 (HSV-1) and HSV type 2 (HSV-2), varicella zoster virus, human cytomegalovirus, epstein-barr virus, and herpesvirus type 6.

Today HSV-2 is the leading cause of genital ulcer disease in the UK. As many as one in four women and one in five men are believed to be infected with HSV-2 the virus type more closely associated with genital herpes. Another type HSV-1 the type more closely associated with infections of the mouth, lips pharynx and eyes earlier in life through oral/genital contact is believed to be responsible for 10-20% of the new cases of genital herpes. About 80% of people with their first episodes of genital herpes are 18-36 years of age. The highest annual incidence of genital herpes among women occurs at 20-24 years of age and is estimated to be 210 per 100,000 women.

Transmission

HSV-1 and HSV-2 can be found and released from the sores that the viruses cause, but they also are released between episodes from skin that does not appear to be broken or to have a sore. A person almost always gets HSV-2 infection during sexual contact with someone who has a genital HSV-2 infection. HSV-1 causes infections of the mouth and lips, so-called "fever blisters." A person can get HSV-1 by coming into contact with the saliva of an infected person. HSV-1 infection of the genitals almost always is caused by oral-genital sexual contact with a person who has the oral HSV-1 infection. HSV-2 infection is more common in women (approximately one out of four women) than in men (almost one out of five). This may be due to male-to-female transmission being more efficient than female-to-male transmission.

Diagnosis

The diagnosis of typical genital herpes is fairly straightforward most of the time but involves local and systemic signs and symptoms. There are three distinct syndromes: primary herpes, first episode non primary herpes and recurrent herpes. There are however atypical manifestations and these are the ones that are not straightforward. The severity of symptoms varies in the extent and duration according to whether the episode is the patients first infection with either HSV-2 or HSV-1; initial genital infection in a woman who has already had an infection with other HSV type (initial or first episode non-primary herpes); or a recurrence of a genital infection with either type.

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A woman's first episode of genital herpes (primary herpes) is usually the most severe form of the disease; Symptoms usually start appearing within a week after infection, if they are going to appear at all. However, symptoms can start one day and up to twenty-six days after exposure to the virus. Typically the infection is characterised by extensive, multiple clusters of painful lesions involving the genitals, anus, perineum, or surrounding areas. Primary genital herpes is usually the most severe form of the disease, but symptoms and lesions vary in severity, extent and duration.

The classic herpes lesion begins as a red papule, evolving within two to three days to a vesicle containing clear fluid and then progressing to a pustule. When the surface breaks open, a tender ulceration occurs that may explain the burning pain. Lesions ulcerate more rapidly in moist areas than on dry skin, so painful genital ulcerations are more apt to occur on the external vulva area. Several successive lesions may appear in the first three to four weeks of primary herpes. The lesions of primary herpes usually heal in one to six weeks. In more than two-thirds of women, primary herpes is accompanied by systemic symptoms that may include fever, malaise, body aches, headaches, and nausea. Meningitis like symptoms, such as stiffness of the neck and sensitivity to the light are also common. Nearly three quarters of women will also suffer from herpetic cervicitis, with vaginal discharge and intermenstrual spotting. Swollen lymph nodes in the groin area are also a common finding. Discomfort with urination is also common, some times as a result of herpes in the urethra and in other cases because urine comes into contact with lesions on the labia.

About half the women who sustain a first episode of genital herpes will have another episode within 6 months, and more than 80 percent will have a recurrence within 12 months. In the first year following symptomatic primary genital herpes, women experience an average of five recurrences, about 40% will have 6 or more occurrences, and about 20% will have 10 more outbreaks.

Genital Herpes Treatment with Chinese Herbal Medicine

In Chinese medicine all herpes simplex viral infections are known as re chuang (heat sores) and were first described in 'emergency formulas to keep up ones sleeve' in 341 BC and later in Liu Juan-Zi's 'formulas passed down from a spirit (Jin dynasty).

During the initial stages of both primary and recurrent infections in addition to the observed symptoms detailed above, there may also be dryness of the mouth, thirst, dry stools, yellow or blood tinged urine, redness of the tongue with a yellow sticky coating, and a wiry, slippery and rapid pulse. The TCM aetiology of herpes simplex appearing on the lower part of the body (genital herpes) are often caused by damp toxic heat lodged in the liver and gallbladder channels. Recurrent infections are usually the result of dysfunction of the spleen/stomach's transporting and transforming function causing an accumulation of heat. It can also be due to heat injuring the fluids, and giving rise to empty (deficient) heat that blazes outward into the tissue and skin, thus causing the herpes simplex lesions.

A susceptible host plus exposure to the herpes simplex virus adds up to acquiring the disease. Improving the health of the host and enhancement of the immune system is essential in preventing and controlling herpes. There is some evidence that some defect in the immune system is present even in otherwise healthy individuals who have recurrent HSV infection. Support of the immune system, dietary factors, stressors, skin health, and preventing and treating non-herpes infections are all avenues for using natural therapies in reducing the likelihood of contracting herpes and in reducing the frequency and intensity of recurrent herpes infections.

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Our Female Healthcare Philosophy

At the Women's Natural Health Practice we specialise in providing comprehensive natural reproductive, gynaecological, obstetric and general healthcare for females from adolescence to post-menopause. Our approach is to integrate techniques in both oriental and western medical diagnosis in order to formulate a naturally oriented treatment plan combining acupuncture, herbal medicine, nutritional therapy, exercise and lifestyle. Each treatment plan is tailored specifically to each individual woman maximising results

Please email us at enquiries@naturalgynae.com with questions, we are more than happy to provide any information via email that will assist you in deciding which treatment approach would be best for you

For more information, contact details and appointments click here www.naturalgynae.com

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