Editorial Note on Infectious Diseases and Vaccinations

Tarun Vinnakota

Dayananda Sagar University, Department of Microbiology, Bengaluru

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Editorial Note

Study in neurology and neurorehabilitation is at the crossroads of many other fields: traumatology, ophthalmology, orthopedics, endocrinology, oncology and, in the basic sciences, virology and immunology.

Neurology may also sometimes be associated with dermatology. In our multidisciplinary meetings, facing the challenge posed by the epidemic, the union and dialogue between doctors and biologists can be a great success.

The avoidance of an infection that may be infectious is what matters, though it may appear as an incomplete examination of the symptoms observed. It was the case of Parsonage-Turner Syndrome and the discovery of the role played by the great family of herpes viruses.

Defense against infection that is taken into consideration must be preferred, and it is a long way to go as there are several difficulties before resolving this unique infection.

Both doctors and patients have to wait. It would take a long time to treat and heal. The cure and safety awaited for years, the anti-Herpes medication and the anti-Varicella Zoster vaccine, have suddenly become effective in this particular case. The target was accomplished, the patient was healed, and he had a successful medication against a frightening infection that was ultimately overcome.

It is possible to recall some keywords: neuralgic amyotrophy-bilateral phrenic paralysis, the Parsonage-Turner Syndrome mentioned. The presence of the neurotropic herpes virus accompanied by effective antiherpes treatment was the discovery of the root of the syndrome. "Sensory nerves are almost invariably the target cells and during all kinds of herpes infections, motor neurons may be involved."

The hypothesis of the inductive role of herpes viruses in Parsonage-Turner syndrome was substantiated, with the immune deficiency of the patient covering the levels of HSV2, HHV3, HHV4, HHV5 and HHV6 Ab. This contributed to herpes regulation in the family lineage: in fact, his daughter had alterations in the levels of her serological herpes antibody (AB).

Treatment of Herpes Virus Cause of Parsonage-Turner Syndrome has been identified: Highlighting of Serological Immune Anti-Herpes Deficiency Cured by Anti-Herpes Treatment.

With Varicella Zoster Virus (HHV3) shown by the disease, our first human meeting as a child. Chickenpox/Shingles/Varicella: There are three terms for this unique illness. Infections with recurrent Herpes Simplex (HSV1/ HSV2) will follow. This is due to an immune herpes deficiency facing the virus of Varicella Zoster (HHV3) and then can also follow Herpes Zoster disease (HHV3) over time the first immune deficiency in Herpes could lead to a deficiency in the family of other herpes viruses. As observers of a global immune deficiency in herpes, they may be worried.

It is one of my fields of study, however, that other pathogenic herpes viruses can be considered.

The interest of such a vaccine against another neurotropic virus can be recalled: the Poliomyelitis virus. I appreciated the remarkable behavior of the Health Secretary a few months ago, when I was in Kenya, a true paradise in tropical Africa. She was associated with key celebrities and health figures in a vaccine drive against poliomyelitis. We may mention First Lady Margaret Kenyatta, surrounded by many state secretaries of health and UNICEF, as well as many health care services.

Aconnection has been observed between Herpes Simplex viruses (HSV1/HSV2) and HIV-1 infections for the last 15 years. The primordial immune deficiency against (HHV3) Varicella Zoster virus must be attributed to these herpes diseases.

Recurrent infections of the Herpes Simplex virus can be healed by Varicella Zoster vaccine administration, as we have recently observed and written. As a proposal, it would be interesting to suggest this anti-Varicella Zoster vaccine to protect against recurrent herpes diseases.

This is our hope for the near future.

***Correspondence to:**

Tarun Vinnakota,
Department of Microbiology,
Dayananda Sagar University, Bengaluru,
Karnataka, India
E-mail: tarunvinnakota@gmail.com