Int. j. adv. multidisc. res. stud. 2025; 5(6):791-798

Received: 01-10-2025
Accepted: 11-11-2025

International Journal of Advanced Multidisciplinary Research and Studies

ISSN: 2583-049X

A Study of the Contribution of Common Virus in Activation of Attention-Deficit/Hyperactivity Disorder (ADHD)

Sharleen A Harty
Swedenborg Library, Chicago, USA

DOI: https://doi.org/10.62225/2583049X.2025.5.6.5273
Corresponding Author: **Sharleen A Harty**

Abstract
The author observed a significant overlap (over 40 percent) when comparing key symptoms for Post Viral Fatigue Syndrome or Myalgic Encephalomyelitis/Chronic Fatigue Syndrome (ME/cfs) with Attention-Deficit/Hyperactivity Disorder (ADHD). The conclusion of the observation is achieved by using simple, patient completed charts and/or patient anecdotes. The problem is that patients struggle even with such simple tasks and it is estimated that approximately 55 percent of ADHD patients develop dementia or other mental illnesses when not diagnosed and treated promptly: "ADHD in adults is perhaps the most prevalent frontal lobe disorder in humans, ultimately impacting upon psychosocial management and treatment strategies."; "Pediatric ADHD is associated with significantly higher rates of all types of pediatric infectious diseases, use of all kinds of anti-infective agents, and primary care physician and specialist visits."; "Epstein-Barr Virus (EBV) seropositivity was associated with learning disability and special education among children. Therefore, if EBV is causally associated with conditions of learning disability and needing special education in childhood, prevention and/or treatment strategies of EBV infection could serve to reduce related conditions in the general US child population." (full research articles on last page). EBV can be transmitted by a single kiss so it is ubiquitous in humans. Because there is no vaccine, approved anti-viral or obvious signs of early reactivation, EBV lies dormant until it awakens to cause mysterious health problems throughout life. The goals of this paper are: to encourage comprehensive medical studies about the causes and treatments of ADHD in children and adults specifically triggered by EBV and/or other herpes viruses; to include patients in such studies (with symptom charts and historical anecdotes) to ensure that their medical cases are documented with recovery protocols so that other patients do not decline and suffer further; to provide ongoing patient support at work, home or in communities for those coping alone with the illness.

Keywords: Attention-Deficit/Hyperactivity Disorder, Epstein Barr Virus, Coronavirus Disease of 2019, Genetics, Healing, Myalgic Encephalomyelitis, Chronic Fatigue Syndrome, Viruses

1. Introduction

The first time that I really understood the magnitude of ADHD was when I went on a vacation with my 20-year old cousin who had been diagnosed as a child and found to have ADHD symptoms. He had recently stopped taking a medication that he needed to study. Clearly he was not coping at all without it. The following year another cousin was diagnosed at age 35. She had ADHD symptoms most of her life, but she was also gifted so she managed to conceal them from herself and others. Hiding ADHD became impossible after two pregnancies. The immune system goes off line so that a baby can grow while also allowing latent pathogens to reactivate. This can cause miscarriages or high risk pregnancies both of which I experienced personally. Pathogens can be transmitted via the placenta from mother to child. The only virus that I had diagnosed decades later, by a simple blood test, was Epstein Barr or EBV 4 in the Herpes family: it was off the charts at over 600 and triggered seven years of Myalgic Encephalomyelitis/Chronic Fatigue Syndrome (ME/cfs). Based on my own experience and observing genetically similar family members, ME/cfs symptoms are eerily similar to ADHD symptoms. The difference is that ADHD impacts mainly the brain while ME/cfs eventually impacts every organ, causing patients to become homebound and bedridden, often for life. After the 2020 pandemic ADHD may have been exacerbated because EBV reactivates contributing to long haul Covid which is like ME/cfs. In my global travels I have met many people who face intense struggles to function with ADHD. This inspired me to collect their ADHD symptoms and stories. In one case a female adult had both illnesses with 30/36 total

possible symptoms (over 80 percent). She started acupuncture treatments and Lomatium. This was her testimonial after four months: "I'm feeling normal for the first time in over 40 years! Hard to be 100% sure on the 'cocktail' but it seems like Lomatium and acupuncture kicked it off the most. I bought a huge bottle of Lomatium and will probably take it daily for life. A Barlow's employee there said he's taken it every day since birth!"

2. ADHD possible viral causes and treatments

I was told by a naturopath that doctors do not study viruses in depth at medical schools and are advised *not* to use anti-viral treatments. Dr. Lerner who suffered from Post Viral Syndrome himself, conducted meticulous research and came up with a successful Valacyclovir anti-viral protocol. My very severe condition did not respond to that or Oxymatrine, often prescribed by infectious disease specialist Dr. Chia, who is mentioned here by Dr. Lerner: *This very much echoes the ideas of Dr John Chia, who believes that many patients with chronic fatigue syndrome have ongoing viral infection which he describes as being "under the radar", i.e. the immune system does not seem to see it. This is a little bit like HIV infection, where the virus tucks itself away inside cells, again so the immune system cannot "see" it.*

Instead I researched alternatives and learned that a combination of weekly acupuncture and a Native American anti-viral Lomatium *(full research included by Dr. Max Barlow),* worked for me. All treatment options are documented in this paper. Some of them may help ADHD caused by herpes viruses such as Epstein Barr. There are eight herpes viruses, alone, that infect humans: HSV-1 (Herpes Simplex Virus 1); HSV-2 (Herpes Simplex Virus 2); HHV-3 **(**Chicken Pox/Shingles/Varicella Zoster Virus); HHV-4 EBV (Epstein Barr Virus); HHV-5 CMV (Cytomegalovirus); HHV-6 (Human Herpes Viruses 6A and 6B); HHV-7 (Pityriasis Rosea); HHV-8 (Kaposi's Sarcoma/KSHV).

2.1 ADHD patients struggle to accomplish even simple tasks because of Time Blindness

'Time blindness is a cognitive condition that makes it difficult to perceive and manage the passage of time accurately. While not a formal medical diagnosis, it is strongly linked with neuro-developmental and other mental health disorders and can significantly impact daily life. Symptoms of time blindness: Time blindness can manifest in various ways, affecting a person's ability to plan and function effectively: Poor time estimation: Underestimating or overestimating how long activities will take. Chronic lateness: Frequently arriving late to appointments or social gatherings, even when the individual doesn't intend to be. Difficulty planning: Struggling to organize tasks and follow a schedule or routine. Procrastination: Frequently delaying tasks because of difficulty gauging how much time is available. Losing track of time: Becoming absorbed in a task, or "hyper-focusing," and losing awareness of the hours passing. Missing deadlines: Inability to track schedules and time-sensitive commitments. "Waiting mode": Becoming unproductive when waiting for an upcoming event, even if it is hours away. Emotional dysregulation: Strong emotions like anxiety or excitement can disrupt the sense of time. What causes time blindness? The precise causes are not fully understood, but research points to several contributing neurological and cognitive factors. Underlying conditions: Time blindness is frequently associated with conditions that affect executive function, including: Attention-Deficit/Hyperactivity Disorder (ADHD); Autism Spectrum Disorder (ASD); Anxiety and depression; Obsessive-Compulsive Disorder (OCD); Traumatic brain injury; Neurological factors: Differences in brain structure and function, particularly in the prefrontal cortex, are believed to play a role in how time is perceived. Dopamine dysregulation: Research suggests that irregular levels of dopamine, a neurotransmitter linked to attention and reward, may affect the ability to gauge time accurately. Many ADHD medications, which influence dopamine, have been shown to improve time perception. Executive dysfunction: Impairments in executive function—the mental skills for planning, organizing, and attention—can lead to difficulties in managing and estimating time. Cognitive processing differences: Some individuals may process information in an atypical manner that makes it harder to track the linear passage of time.'

3. Valacyclovir treatment of Post Viral Fatigue Syndrome by Dr Lerner (see Dr. Hyde's book under references: "Understanding Myalgic Encephalomyelitis" for another medical and comprehensive view of this disease).

3.1 Executive Summary by Dr. Lerner: Chronic Epstein-Barr virus and other human herpes viruses may be a cause of long term symptoms in chronic fatigue syndrome. Treatment with anti-virals is effective in restoring sufferers to health. The Dr. A. Martin Lerner CFS Foundation was formed to ensure that Dr. Lerner's 25 years of CFS/ME-specific work was recognized, and communicated to CFS/ME sufferers and physicians worldwide. The Foundation, established in early 2007, conducted a major study (see next section), which documented his successful treatment. Investigators who had extensive backgrounds in information technology, application development, business processes and communications conducted the 18-month study. Data from the study produced significant findings and yielded peer-reviewed medical publications, global interest and presentations.

3.2 Abstract

Please see Lerner, A. Martin *et al* (2010). "An update on the management of glandular fever (infectious mononucleosis) and its sequelae caused by Epstein–Barr virus (HHV-4): new and emerging treatment strategies." *Virus adaptation and treatment* 2: 135 – 145. "Purpose: Beginning in 1993 at a single chronic fatigue syndrome (CFS) treatment center, we began studies that demonstrate Epstein–Barr virus (EBV) nonpermissive replication. In the most recent study performed, EBV nonpermissive replication is the cause of 28.3% of 106 consecutive CFS cases, and is etiologic with human cytomegalovirus (HCMV) and/or human herpes virus 6 (HHV-6) as a coinfection in an additional 52.8% of CFS cases. Therefore, EBV is causally involved in 81% of cases of CFS. Further, EBV CFS is effectively treated with long-term valacyclovir. Coinfection HCMV and HHV-6 CFS requires valganciclovir with valacyclovir."

3.3 Patients and results

The validated Energy Index Point Score® (EIPS®) (see MEpedia Article on EIPS) monitors severity of CFS illness and its recovery. A specific CFS diagnostic panel identifies EBV CFS subsets. Four separate EBV CFS therapeutic

studies of several hundred CFS patients describe valacyclovir administration and long-term patient recovery. With valacyclovir, serum EBV titers (EBV, early antigen (diffuse); EBV, viral capsid antigen, immunoglobulin M); 24-hour electrocardiography Holter monitors; and cardiac dynamic studies improve. **Conclusion**: Nonpermissive EBV infection is causal in a significant proportion of CFS cases. EBV CFS is safely and effectively treated with long-term valacyclovir." Post Viral CFS may be due to low level chronic infection with Epstein-Barr Virus or "Mono" and others.

Martin Lerner had been working since 1993 on the idea that many cases of chronic fatigue syndrome result from longstanding infection with herpes viruses. The most important of these is Epstein-Barr virus (glandular fever or "mono"), but he had also identified two other herpes viruses as a particular problem in CFS/ME sufferers, namely cytomegalovirus and human herpes virus 6 (HHV-6). He demonstrated that in CFS/ME sufferers there is non-permissive replication of virus. By this he meant that there is sufficient viral replication going on in cells to disrupt cellular metabolism and cause cell death, but not sufficient to result in a positive DNA polymerase test, or antigenemia with antibody response. This means that such chronic infection will not be picked up by standard virology tests including antibodies and PCR. This very much echoes the ideas of Dr John Chia, who believes that many patients with chronic fatigue syndrome have ongoing viral infection which he describes as being "under the radar", i.e. the immune system does not seem to see it. This is a little bit like HIV infection, where the virus tucks itself away inside cells, again so the immune system cannot "see" it.

3.4 Four studies showing that long term antivirals work

Lerner looked at 106 consecutive cases of CFS/ME and found the presence of Epstein-Barr virus alone in 28% of these cases, in a further 53% of cases there was *Epstein-Barr virus combined with cytomegalovirus, or HHV-6, which means that Epstein-Barr virus was involved in a total of 81% of patients with CFS/ME.* Most importantly, he went on to show that the Epstein-Barr virus could be treated effectively with an anti-viral valacyclovir and *if there is co-infection with HCMV or HHV-6 then some trials used valganciclovir in addition to the valacyclovir.* He reported good responses to treatment. Indeed, he reviewed four studies involving several hundred patients with CFS using this combination of drugs and reported long term patient recovery. This recovery was determined in terms of clinical improvement, improvement in serum EBV titres (with regard to EBV virus, early antigen (diffuse), EBV viral capsid antigen and immoglobulin-M), together with improvements in 24 hour ECG and improvement in cardiac dynamic studies.

3.5 So what are the criteria for initiating treatment with Valacyclovir and possibly also Valganciclovir?

A high proportion of patients that I see with CFS/ME do very well on the standard regimes of diet, nutritional supplements, sleep, pacing, attention to mitochondrial dysfunction, thyroid and adrenal support. However, there is always a hard core of patients who, despite sticking to these regimes well, do not see the deserved improvements. These are the people for whom these drugs may be helpful. So what are the criteria? An obvious initiating infection with Epstein-Barr virus and positive IgM tests and/or positive IgG tests shows that there has been exposure to Epstein-Barr in the past and there could well be ongoing non-permissive replication now. If there is no IgG antibody to Epstein-Barr virus, then this indicates no prior infection and therefore no indication of the treatment.

Lerner also looks at other antigens, namely D (diffuse) and R (restricted) components of EVB early antigen (EA) to indicate non-permissive incomplete virus replication. I am not sure if this test is available and I will make enquiries. However, my view at this stage would be that anybody with a viral trigger, positive IgM and/or IgG antibodies and who has not responded to the above regime would be a candidate for a trial of Valacyclovir.

We then have to ask the question if there is any evidence of cytomegalovirus (CMV) or HHV-6 infection, which would require additional treatment with Valganciclovir. From his paper it does not appear that these two viruses are candidates for non-permissive replication and therefore it should be straightforward to diagnose these simply by doing IgG antibody studies for these two viruses. In addition, for EBV and CMV chronic infections, I also have the Armin laboratories Elispot tests available - see Armin Order Form October 2018- tests 26 and 29. As part of the work up, I also do 24 hour ECG monitoring and the abnormalities he most commonly picks up are oscillating T-wave flats and inversions, together with tachycardia at rest. My guess here is that these cardiac abnormalities reflect mitochondrial dysfunction and poor energy delivery to the heart because of the cellular disruption resulting from chronic viral infection.

3.6 So to diagnose Epstein-Barr virus subset chronic fatigue syndrome requires the following positives

International criteria for CFS; 24-hour ECG monitor, oscillating T-wave flats and inversions; Tachycardia at rest; Epstein-Barr virus, early antigen (diffuse) total antibody with or without viral capsid antigen IgM; Negative tests for acute co-infections such as Mycoplasma pneumoniae, Babesia microti, borrelia burgdorferi, Anaplasma phagocytophilic IgG, antistreptolysin O.

3.7 Monitoring Treatment

Lerner monitored treatment using the Energy Index Point Score (EIPS - see table below) with patients visiting every four to six weeks and the score determined by agreement of patient and physician. A score of 0 – 5 is diagnostic of chronic fatigue syndrome, a score of 6 – 10 indicates patients no longer have CFS. This means a small change in the EIPS value is very clinically significant with an effect size of 0.8 being large. A CFS patient is considered to be a responder if the effect size is more than 1, or a non-responder if the effect size is less than 1 after one year of anti-viral therapy.

3.8 Treatment Regimes

Valacyclovir was prescribed at a dose rate of 1 gram every six hours (i.e. 4 grams per day). For overweight patients the dose was 1.5 grams every six hours and for small patients correspondingly less. A "Herxheimer" response with worsening of symptoms and a worsening score continuing for two to six weeks after treatment began was a good prognostic omen. Increasing energy score and decreasing symptoms were apparent at the fifth to sixth month of continuing Valacyclovir. As the drug was continued, EIPS

values of 7 and above were achieved and activities of normal living restored. The above clinical improvements were accompanied by improvement in ECG monitoring.
Alcohol is forbidden. Exercise too early in CFS recovery may worsen CFS and so exercise was prohibited until EIPS 7 was achieved. At EIPS 8, light exercise is cautiously begun. The Valacyclovir dose is then decreased to 1 gram twice a day, continued for 6 to 12 weeks and then stopped. Approximately 20% of EBV CFS patients required maintenance Valacyclovir to prevent clinical relapse.

3.9 The Energy Index Point Score

S. No	Chronic Fatigue Syndrome
0	Bed-ridden, up to bathroom only
1	Out of bed 30-60 minutes a day (sitting in chair is out of bed)
2	Out of bed sitting, standing, walking 1-2 hours per day
3	Out of bed sitting, standing, walking 2-4 hours per day
4	Out of bed sitting, standing, walking 4-6 hours per day
5	Perform with difficulty sedentary job 40 hours a week, daily naps
	Recovery
6	Daily naps in bed, may maintain a 40 hour sedentary work week plus light, limited housekeeping and/or social activities
7	No naps in bed. Up 7.00am to 9.00pm. Able to work a sedentary job plus light housekeeping
8	Full sedentary workweek, no naps, some social activities plus light exercise
9	Same as 8 above plus exercise approximately ½ to 2/3 normal without excessive fatigue, awakens next morning refreshed
10	Normal

Lerner goes on to report on the outcomes of four studies using these regimes. The four studies involved 19, 11, 27 and 106 patients which give similarly good results. Energy consumption and physical activity both improved as did heart symptoms and ECG abnormalities. In these groups between 10% and 25% required full dosage long term therapy to maintain an EIPS value of more than 7. Valacyclovir has been continued for seven years in patients without ill effects. He comments that patients appreciate the good prognostic omen of an early Herxsheimer response.

3.10 Study 1: "A six-month trial of valacyclovir in the Epstein-Barr virus subset of chronic fatigue syndrome: improvement in left ventricular function." Drugs Today. 2002; 38(8):549–561 Lerner AM, Beqaj SH, Deeter RG, *et al*. Please see "A six-month trial of valacyclovir in the Epstein-Barr virus subset of chronic fatigue syndrome: improvement in left ventricular function." This study concluded favourably on the use of valacyclovir in CFS patients. **Study 2:** " A small randomized placebo controlled trial of the use of antiviral therapy for patients with chronic fatigue syndrome." Clin Infect Dis. 2004;32:1657–1658 Lerner AM, Zervos M, Chang CH, *et al*. Please see "A small randomized placebo controlled trial of the use of antiviral therapy for patients with chronic fatigue syndrome." Patients initially were treated with just valacyclovir, but after six months those patients with co-infection were also given intravenous valganciclovir. There is a slight confusion here because Lerner goes on to say that both valacyclovir and valganciclovir were necessary for these patients to recover without specifying when the valganciclovir was administered. **Study 3:** " Valacyclovir treatment in Epstein-Barr virus subset chronic fatigue syndrome: thirty-six months follow-up." *In Vivo*. 2007 Sep-Oct;21(5):707-13. Lerner AM, Beqaj SH, Deeter RG, Fitzgerald JT. Please see "Valacyclovir treatment in Epstein-Barr virus subset chronic fatigue syndrome: thirty-six months follow-up." Good results were achieved with just valacyclovir. **Study 4:** "Subset-directed antiviral treatment of 142 herpesvirus patients with chronic fatigue syndrome." Virus Adapt Treat. 2010;2:1–11. Lerner AM, Beqaj S, Fitzgerald JT, *et al*. Please see "Subset-directed antiviral treatment of 142 herpesvirus patients with chronic fatigue syndrome." Again good results were achieved with just valacyclovir.

3.11 Conclusions

These regimes work well. Valacyclovir long term used to be an expensive therapy. Lerner's costing for valacyclovir tablets for 1 gram every six hours was of the order 25-30 thousand dollars per year. The cost has recently come down a lot as the patent has run out. There is no doubt that valacyclovir is a very useful treatment for patients and my recommendation at present is to reserve this for those who do not respond to the standard nutritional work ups.

4.0 Lomatium Anti-Viral Tincture Treatment

www.barlowherbal.com/customerservice@barlowherbal.com

I started Lomatium, a powerful Native remedy in summer 2019 under the supervision of my Arizona acupuncturist and with the knowledge of my General Practitioner. Within three months, an off the charts reactivated Epstein Barr Virus that had me homebound and bedridden for six years, was normal, and within six months it was zero, with anti-bodies. Lomatium was laboratory tested by an infectious disease specialist, in 2019 proving that it kills all pathogens. It is worth trying before, during and after future pandemics. Minority groups seem to be most vulnerable during these and long haul COVID (essentially ME/cfs), may follow. Lomatium comes from the Nevada-California Washoe Nation, via the Pacific North West originally, and was effective during the virulent Spanish flu of 1918. You may experience a week long rash and/or an emotional die off response. If you take Lomatium forever, monitor your liver and kidneys regularly as it is a powerful anti-viral.

4.1 The following, written years ago by **Dr. Max Barlow,** is continued currently by Jane Barlow: "On the eastern slopes of the Sierra-Nevada Mountains grows a very important plant in the Parsley Family. The western Indians have long used this plant to prevent and treat many ailments. Botanically called Lomatium dissectum, because of its long, slender, hollow stem and its oil producing linear glands in the ripening seeds. The Indians called the medicinal root of this plant "the Dortza", meaning " heap powerful medicine." The Washoe Indians collected the root in September and October when the richest supply of oils was concentrated in the large underground root. At least five or six gums, oils and oleoresins are present in the very aromatic root. After collecting the root, they sliced it longitudinally, exposing the volatile oils to the oxidizing (polymerization) effects of the air, which converts the oils to a stabilized resin. The cured root would then be hung to dry from the ceiling of their hogan until it was needed.

During the flu pandemic of 1917-1918, the root came into extensive use by the two Washoe Indian tribes near Carson City, Nevada. Dr. E.T. Krebs Sr., the contract physician who was assigned by the U.S. government to the Washoe Indians, was dumbfounded to find that these two groups of Indians were free from respiratory illness and that no deaths had been attributed to the influenza "bug." This was especially amazing because both Indians and white people were "dying like flies" throughout the entire region, the nation and the world. Spotting the dried root hanging from their hogans, Dr. Krebs asked what it was and what its use was. He was told it was "heap powerful medicine," and that it was used to prevent colds and the flu. He asked if he could try this medicine on some of his white patients and, after making a crude preparation and giving it to his non-Indian patients in San Francisco, he said, "They just stopped dying."

How it works: Scientific investigation of the plant reveals that the volatile oil factions in the root contain the antiviral/antibiotic ingredient. Also present are powerful anti-bacterial/anti-fungal properties. The Lomatium dissectum extract has a viro-static effect, meaning that it stops the growth of all viruses, bacteria and fungus in the body and eliminates the lethal micro-organisms without harming the ones necessary to good health. The effectiveness of Lomatium dissectum in eliminating infections and restoring health is an incredible gift from Mother Nature.

Extensive work has been done by over five universities on Lomatium dissectum. It is a powerful, nontoxic, viro-static against flu viruses, the trachoma virus, the Lansing Polio viruses, and numerous other viruses. By 1944, the Journal of Bacteriology reported, "The anti-biotic activity of oil factions separated from the root of Lomatium dissectum was determined on 62 strains and species of bacteria, molds and fungi. The heat-stable active agent was bactericidal for gram-positive bacteria at 10-4 dilutions and at 10-3 for gram-negative bacteria." (Journal of Bacteriology, Vol. 55 No. 5 May 1948).

About the time this report was published, 'miracle' sulfa drugs began to be widely promoted. In the interest of being 'modern,' no one wanted to use an old Indian remedy. With renewed interest in some natural remedies, Dr. Krebs Jr. passed on the extracting techniques developed by his father to Dr. Max Barlow. The extract is made today in an alcohol-based tincture known as LDM-100. Since LDM-100 is anti-viral, the dosage depends upon the strength (or weakness) of the body's natural immune system. LDM-100 is completely natural and non-toxic; therefore, the dosage may be safely increased until it takes effect. The pure root extract of Lomatium dissectum has amazing medicinal properties. LDM-100 can be taken straight or diluted in a small amount of water or juice.

As the above quote from the Journal of Bacteriology indicates, Lomatium dissectum is also effective against molds and fungi. Thus, many Barlow Herbal users are seeing great results in fighting Candida albicans with our extract (when taken orally). LDM-100 will clear up most yeast infections. A drop between the toes will eradicate athlete's foot. LDM-100 may be taken as a preventative against viral infections or solely during high-risk periods. This wonder drug of nature inhibits growth and reproduction of viral organisms, rendering them inactive, thus enabling white blood cells to do their job.

It should be noted that some people may experience a one-time detox rash from an oil faction found in Lomatium dissectum; as is possible from contact with any plant. The rash ranges from mild to full body and can be extremely itchy and uncomfortable. Such a reaction can be quickly overcome by taking Dandelion Root, Vitamin C, and Pantothenic Acid. Two days of only fresh juices has been found to speed up the detox process. The addition of fresh squeezed wheat grass juice is also extremely helpful. One can discontinue use of LDM-100 temporarily. Adults: 3 to 10 drops, 3 to 5 times daily, or more. It is suggested to begin with a low dosage and frequency and gradually increase. Keep dosage low for the first 7 days and then increase as needed. Children: 3 to 4 drops, 4 to 6 times daily. It is also recommended to gradually increase quantity and frequency. 1 to 2 drops for babies added to water or juice." *Dr. Max Barlow*

"My dad Dr. Barlow has been gone for over 22 years now and I feel that while much of the information about Lomatium has stayed the same - there have been some interesting things I've learned and come to believe about Lomatium and it's effect on the human body. I've talked to other herbalists who are very familiar with Lomatium and have used a fresh root extract of it and have never seen the detox rash. It appears that part of the power comes from curing and oxidizing the Lomatium root after it's been wildcrafted. Letting all of the oils cure and dry before putting the roots into the extraction process, in my opinion - changes the medicinal properties of Lomatium. Lomatium is a broad spectrum anti-microbial and I've seen it handle viral, fungal, yeast and some types of bad bacterial issues. I've come to believe that Lomatium's special gift to humans is its anti-viral properties. I wouldn't want to live my life without it and it's been a true game changer when it comes to taking care of my kids and now my grand-kids. My biggest hope for you is using this information to help you stay healthy and well. Please know that I am not a doctor and anything I share with you is not meant to be medical advice." *Jane Barlow*.

4.2 Lomatium Dissectum Detox Rash Information "If you are new to the plant Lomatium, please read this information all the way through. Lomatium can cause a one-time detox rash in some people when taking it for the first time. It is not a dangerous or contagious rash, but it can be a scary, uncomfortable and a very emotional detox. Start with a very small dosage when taking a Lomatium product for the first time. A very small dosage of the liquid Lomatium (LDM-100) would be 5-10 drops in water once a day for the first week for adults. You can even start with 1-5 drops once a day for the first week. In capsule form (SEES-Plus) one capsule once a day for the first week is considered a small dosage. It is easier to start with a smaller dosage when Lomatium is in liquid form (LDM-100 or MunityBoost).

Most little kids and teenagers do not get the rash. If they do, it is typically much less intense and clears out very quickly. A small, starting dose for a child would be 1-3 drops once a day for the first week. If no rash, then increase and use accordingly. LDM-100 preceded by MunityBoost is very effective for all kinds of viral, fungal, yeast and some types of bacterial infections. Although there is much less chance of it, MunityBoost can cause the detox rash just like straight LDM-100 can. MunityBoost is 25% LDM-100.

What we've come to believe is that a viral or fungal load has been "stuck" in the tissues and Lomatium gives your body the opportunity to push out through your skin (your largest organ). We've seen many people on a Lomatium protocol completely eradicate long standing, systemic viral and fungal issues. Even ones that lay dormant for long periods of time. If someone is going to get this detox reaction, then it will happen with a small amount or a large amount. It will only happen once for most people who get the rash. Over the years we have had a small handful of people get a light rash a second time but only those who waited a long time between taking it for the first time and then taking it again. Usually a year or more. Please remember that it is not dangerous or contagious. Just extremely uncomfortable and itchy.

It usually proceeds like this: The rash will typically show up between 5-7 days after taking Lomatium. It looks like measles at first and then will progressively get worse before it starts to get better. It can show up anywhere on the body and then spread. If someone has had chronic UTI's then the rash usually shows up on the lower torso near the kidneys. If someone has had chronic chest/lung infections, then the rash usually shows up on the chest first before it spreads to the rest of the body. Sometimes it shows up randomly on a certain body part. There can be swelling, fever and purple looking welts. The extremities are usually the last parts of the body to get the rash. Legs and arms. It is also normal for ears, nose and face to swell a little. Some people get a light rash that covers only small parts of the body and is gone in 2-3 days. Most people get the full deal. And it usually goes solid and looks like a sunburn.

A couple of guidelines: You can lower the dose and keep going or you can stop taking it until the rash is gone and runs its course or some people prefer to stop until the rash is gone simply because it makes them feel better to stop what caused the rash in the first place. It won't make the rash go away quicker if you stop but it's up to everyone individually. It is very important to stay hydrated with lots of water. This will give your body a chance to truly flush the toxins out. Lots of fresh, green juicing also helps to nourish you through this detox quickly. Stay away from fried food, junk food, processed food, soda, milk and dairy and most meat while your body is detoxing. Your body works very hard to digest, process and eliminate food and if you take a break from eating all together (fresh juice only) for 2-3 days – the rash will clear up much quicker. Even if you eat clean, taking a break from food will be extremely beneficial. If you simply can't juice fast, then eat as clean as you can.

There are some supplements we've found to help the rash clear up a little quicker. Number one is Dandelion root. You can get it in liquid form, capsule form or tea. Dandelion root is a very well-known liver support and detox. When the liver is supported the body is better able to handle the powerful viral/fungal detox of Lomatium. Look at our LiverLove product. It is a specific blend for detoxing and supporting the liver and gallbladder. Consider going through a full bottle of LiverLove prior to starting Lomatium. If you already have the rash, then it will help you to take some form of Dandelion root during the rash.

We also suggest high dose Vitamin C. 5000 mg per day for an adult. Activated Charcoal is also a helpful detox tool and will help your body process the detox without your skin having to take it all.

The Lomatium rash usually gets extremely itchy to the point of being unable to sleep for a night or two. Taking an Epsom salt bath once or twice a day is very beneficial and can soothe and nourish the skin while the rash is running its course. Some people get up in the middle of the night to take an Epsom salt bath as well. Use Coconut Oil or Emu oil to smooth on the skin to relieve the itching.

Some people will feel an increase in energy while the rash is doing its thing and some people feel quite the opposite and feel extremely fatigued. The rash is not contagious so if you feel good then just carry on as usual. For some people this detox rash is an intense, emotional experience. This is a healing crisis. Sometimes you must get worse before you can get better. If you are tired, then rest as much as you can to let your body heal. There is no doubt this rash is miserable to go through, but your body is doing a smart thing." *Jane Barlow*

4.3 A couple of wonderful things to know about Lomatium

"1) Your body doesn't appear to build an immunity to the plant Lomatium. So, you can take it for long periods of time while your body is healing from long standing systemic, viral/fungal/yeast issues. It is common for many people to take a preventative dose every day during cold and flu season or when they travel. Especially when getting on an airplane. A solid preventative dose for an adult is 1/2 dropperful (approx. 25 drops) once or twice a day.

2) You can safely increase the dosage until it does the job. Due to our extensive, lifelong use of Lomatium we have used LDM-100 (25-50 drops each time) every hour on the hour to clear up UTI's, ear infections, cold, flu and other acute infections.

Here are some of the issues it has been used it for in 40 years of experience with Lomatium: Warts and toe/fingernail Fungus (topically and internally); Cold sores caused by the Herpes virus; tooth abscess; gargle with before swallowing to keep mouth bacteria-free; UTI's (Urinary tract infections); Ear infections (taken internally and a drop or two directly in the ear); Strep infections; Common Cold, Flu, Congestion, runny nose; Asthma; Bacterial infections; Respiratory tract infections; Tonsillitis (early stages); Bronchitis; Vaginal infections (douche and internally); Candidas; Chronic fatigue syndrome; Skin infections (topical in the form of Golden Salve or extract); Hay fever; EBV (Epstein-Barr virus); Mononucleosis; HPV (Human Papillomavirus)". *Jane Barlow*

5. Acupuncture/Traditional Chinese Medicine

https://www.sciencedirect.com/science/article/pii/S2095754815000034

"Acupuncture journey to America: a turning point in 1971" New York Times (1995): "Though acupuncture had been practiced in North America ever since the first immigrants came to the continent from China, it rarely entered the mainstream before the early 1970s. 'Nothing in the new look of China has surprised or fascinated the American people more than the picture of Chinese doctors using modern Western medical methods alongside ancient acupuncture,' and 'I thought that China's wonders might surpass even the silks and spices of Marco Polo." *Journal of Traditional Chinese Medical Sciences (2014) 1, 81e83*

5.1 My four Chinese Medical Practitioners

i. Washington State based Traditional Chinese Medical (TCM) practitioner has successfully used Chinese herbs to treat COVID-19: "I am using Chinese herbs for COVID patients very successfully. Anybody who has COVID and needs help can contact me and I can see them online and send them herbs." Daniel L. Altschuler, EAMP (LAc), PhD Acupuncture and Herbalist Seattle, Washington: www.oldschoolacupuncture.com/marikpahealing@gmail.com (206) 388-8557.

ii. Vashon Island off Seattle Karin Nelson at BECALM Acupuncture and Massage since 2017 (20 minutes from Seattle by ferry): karin@becalmvashon.com (206) 463-0900

iii. Cottonwood Arizona Acupuncture and Lomatium Kathy Fisher, Oriental Medical Doctor (OMD) Cottonwood AZ 86326 (928) 963-1033. She is also on Facebook: Acupuncture & Chinese Medicine by Kathy Fisher, OMD.

iv. Dr. Keown, a British Acupuncturist and Emergency Room doctor wrote an excellent introduction for both doctors and patients: *The Spark in The Machine: How the Science of Acupuncture Explains the Mysteries of Western Medicine.* "I am a licensed acupuncturist. When we look at acupuncture from the perspective of fascia and embryology we can connect acupuncture to allopathic (Western) medicine with compelling logic and scientific elegance. This book is simply brilliant. Moreover, the writing is accessible to anyone with a genuine interest in the material. The more you know about anatomy and physiology, the more you'll get out of it, but anyone can get the general drift of the basic ideas. I suspect the second half of the book may be more for the acupuncturists because you need some familiarity with Traditional Chinese Medicine (TCM) to fully appreciate all the various mysteries that are being addressed here. You will come away with new-found respect for the wisdom of TCM and you will approach your patients with greater confidence. The biggest mystery remaining now is how TCM managed to get so much so right at the level of cellular communication pathways and the homeostatic regulation of hormones and neurotransmitters. The language of TCM may be shrouded in a simplistic vocabulary ("the body abhors wind"), but the sophistication of the underlying ideas becomes more and more apparent as medical science discovers more about stem cells and the importance of fascia and all the remarkable ways the body manages to maintain its balance." *(Book Review).* Dr. Keown's second book: *The Uncharted Body: A New Textbook of Medicine* is highly recommend for eastern and western medical practitioners. **NOTE:** Weekly acupuncture was both energising and healing even for Post Traumatic Stress Syndrome (PTSD) caused by years of mis-diagnosis and incorrect pharmaceuticals. Herbs (like Xue-fu-zhu-yu-tang in my case) are personalised for each patient based on their specific TCM diagnosis.

6. Conclusion

The most exciting medical information I have ever received (aside from an immediate "latent pathogen" diagnosis by my Seattle based Chinese Medical Practitioner), came on day one from my Arizona based Chinese Medical Practitioner. She had something more powerful than weekly acupuncture for reactivated viruses, namely the Native anti-viral called Lomatium. I never had a one-time rash from Lomatium tinctures or salves, but I did have an immediate emotional die off response in Summer 2019. It left me feeling lighter in body and spirit because it was the first time that I could feel lifelong pathogens being eliminated. I finally did "catch" COVID-19 in summer 2022 while tutoring a neighbor's three grandsons in Mexico. It lasted ten days. After fifteen days a blood test revealed that I had anti-bodies which means that Lomatium worked to contain and remove that virus as it did with the Epstein Barr Virus (both easy to measure with blood tests). I have avoided COVID-19 and other vaccines because I realized, during my self imposed Epstein Barr isolation, that even winter flu vaccines made me sicker. With my genetic mutations A1298C MethyleneTetraHydroFolate Reductase (MTHFR) I still get sick easily when I travel or mingle in crowds. Both are much higher risks for those with certain mutations and intolerances so pandemic precautions may apply. This has not stopped me from living fully, however, because I take the powerful Native anti-viral Lomatium daily and can safely increase the dose as needed.

6.1 Associated A1298C MethyleneTetraHydroFolate Reductase (MTHFR) conditions

Chronic Fatigue Syndrome/ME; Fibromyalgia; Multiple Chemical Sensitivity (MCS); Insomnia; Depression; Autism Spectrum Disorders; Neuro-immune disorders; Hypersensitivity reactions eg. red ears (due to mast cell degranulation and subsequent high histamine levels); Raynaud's; Migraine; Seizures; Parkinson's disease; IBS, IBD, peptic ulcers, increased susceptibility to parasitic infections, low gut butyrate; Anxiety/Panic disorder; Ammonia toxicity symptoms – brain fog, spacy, language issues, fatigue, poor concentration, dark circles under eyes, poor learning/memory, headaches, stimulating behaviours, food intolerances (especially protein). **NOTE:** "What DecodeME has discovered is that genetic variation contributes to everyone's risk of developing ME/CFS. DecodeME has discovered 8 places in our genomes where people with ME have genetic differences more often than the general population." *DecodeME Study, August 2025.* DecodeME Study: https://institute-genetics-cancer.ed.ac.uk/decodeme-the-worlds-largest-mecfs-study/initial-dna-results-august-2025-webinar?utm_source=social&utm_medium=social&utm_campaign=Initial%20DNA%20Results

6.2 In Summary

The problem is that ADHD patients struggle to accomplish even simple daily tasks. In addition, approximately 55 percent of them develop dementia or other mental illnesses when not diagnosed and treated promptly. The goals of this paper are to encourage comprehensive medical studies *like Dr. Lerner's "Post Viral Fatigue Syndrome"* about the causes and treatments of ADHD in children and adults specifically triggered by EBV and/or other herpes viruses; to include patients in such studies and ensure that their medical cases are documented with recovery protocols so that other patients do not decline and suffer further; to provide ongoing patient support at work, home or in communities for those coping alone with the illness: *We should all look out for our body by providing it with food and clothing. This has to come first, but the goal must be a healthy mind in a healthy body. And we should also look out for our mind by providing it with food ~ that is, with ideas that nourish understanding and wisdom.* Swedenborg, Secrets of Heaven 6936

6.3 Question:

Does a patient have symptoms of Myalgic Encephalomyelitis (known as the 'Disease of a Thousand Names'); Chronic Fatigue Syndrome; long haul Covid; and/or ADHD?

APPENDIX 2. ME/CFS Symptom Prevalence and Severity

(These prevalence and severity figures are from *A definition-based analysis of symptoms in a large cohort of patients with chronic fatigue syndrome*, P. De Becker, N. McGregor, and K. De Meirleir. *Journal of Internal Medicine* 2001;250:234-240.) A total of 2,073 consecutive patients with major complaints of prolonged fatigue were assessed. Among them 1,578 met the Fukuda criteria and of those, 951 met the Holmes criteria. The figures indicate the differences in prevalence and severity of symptoms between these patient groups.

SYMPTOM	PREVALENCE (%)		SEVERITY (range 0-3)	
	HOLMES	FUKUDA	HOLMES	FUKUDA
Fatigue	100	100	2.8	2.8
Post-exertional malaise	98.8	97.3	2.8	2.7
Attention deficit	95.9	93.0	2.4	2.2
Sleep disturbance	94.8	91.9	2.5	2.4
Headache	92.0	87.8	2.3	2.1
Myalgia	90.1	87.1	2.4	2.3
Memory disturbance	89.3	85.6	2.2	2.0
Muscle weakness	88.3	84.3	2.3	2.1
Gastrointestinal disturbance	85.6	81.8	2.2	2.0
Sore throat	84.1	74.1	2.1	1.9
Exertional dyspnea	83.5	79.2	2.2	2.0
Recurrent flu-like symptoms	80.9	69.7	2.1	1.7
Difficulty with words	80.4	75.5	1.9	1.7
Personality change	77.2	74.4	1.2	1.1
Cold hands and feet	77.2	72.2	2.0	1.8
Arthralgia	77.1	73.3	2.0	1.9
Photophobia	75.8	70.7	1.8	1.6
Difficulty with calculations	75.1	71.6	1.7	1.6
Light headedness	74.6	69.6	1.7	1.6
Visual acuity	74.2	70.9	1.7	1.6
Dysequilibrium	73.7	69.1	1.5	1.4
Hot flushes	72.6	64.8	1.9	1.7
Numbness/parathesia	69.1	66.4	1.6	1.5
Swollen/tender lymph nodes	67.9	57.7	1.6	1.3
Spatial dysfunction	64.5	59.9	1.4	1.2
Muscle fasciculations	64.1	58.5	1.5	1.4
Alcohol intolerance	63.7	59.5	1.7	1.5
Symptom exacerbation in extremes of temperature	58.7	53.9	1.5	1.4
New sensitivities to food/drugs	54.8	48.5	1.3	1.2
Urinary frequency	53.9	47.9	1.3	1.2
Tinnitus	52.1	48.5	1.0	0.9
Diarrhea	45.6	40.8	1.2	1.1
Rashes	45.3	40.0	1.0	0.9
Altered taste, hearing, or smell	42.4	38.0	0.9	0.8
Persistent cough	39.2	35.2	0.8	0.7
Speech difficulties	36.2	31.8	0.7	0.6

Disclaimer: Please consult your physician about your personal health.

I am not a medical doctor.

7. References

1. ADHD in adults. https://pmc.ncbi.nlm.nih.gov/articles/PMC11500298/
2. DecodeME Study. https://institute-genetics-cancer.ed.ac.uk/decodeme-the-worlds-largest-mecfs-study/initial-dna-results-august-2025-webinar?utm_source=social&utm_medium=social&utm_campaign=Initial%20DNA%20Results
3. EBV seropositivity and ADHD. https://www.dovepress.com/associations-of-epstein-barr-virus-infection-with-attention-deficit-hy-peer-reviewed-fulltext-article-IJGM
4. Pediatric ADHD. https://www.sciencedirect.com/science/article/abs/pii/S0890856722012436
5. TCM. https://www.sciencedirect.com/science/article/pii/S2095754815000034
6. Barlow Christensen J, Christensen B. Be Your Own Shaman: A Field Guide to Utilize 94 of the World's Most Healing Plants. Skyhorse Publishing, 2024.
7. Harty S. Home Alone (2020): Surviving Modern Pandemics Using Ancient Medicines, 2024: https://drive.google.com/file/d/1o4lxpF2-fv1Z5mmzDN0X6TzY_jlFCpwh/view?usp=sharing
8. Harty S, Agai JM. A Report on the Practice of Shamanism in Africa and Beyond, 2025. Doi: https://doi.org/10.62225/2583049X.2025.5.6.5174
9. Hyde B. Understanding Myalgic Encephalomyelitis. Nightingale Press, 2020.
10. Keown D. The Uncharted Body: A New Textbook of Medicine. Original Medicine Publications, 2018.
11. Keown D. The Spark in the Machine: How the Science of Acupuncture Explains the Mysteries of Western Medicine. Singing Dragon, 2014.
12. Swedenborg E. Divine Healing: The Origin and Cure of Disease. Kindle Edition, 2021.