



The “Swine Flu” or Novel H1N1 Influenza

By Gary E. Foresman, MD

Dr. Foresman Middle Path Medicine would like to provide you with practical integrative insights for the approach to common daily problems. Hopefully for whatever symptom vexing you, we can trigger an approach within you that can help you become your own best healer. Or maybe we can guide you to a therapy or therapist that you hadn't considered before! Give us feedback on what subjects you would like for us to discuss, or if you have a suggestion you would like to share with the MPM community, contact us here: info@middlepathmedicine.com

I will be taking a break from our adrenal fatigue series as myself and our staff at MPM provides insight as to the approach to influenza. Quite interestingly the term adrenal fatigue was first coined by an English physician after persisting fatigue in many individuals who couldn't seem to recover from a rather severe flu epidemic. This brings our attention to the effects of physiological not just psychological stress on our adrenals. I will focus on the Western approaches to influenza, specifically the novel H1N1 (A/California/07/2009) influenza A virus that originated 2/24/09 in a 6 month old girl in northern Mexico and reached global pandemic status by 5/9/09. The President's Council of Advisors released a statement on 8/25/09 indicating H1N1 may infect half the US population, require 1.8 million hospitalizations and result in 30,000-90,000 deaths.

Symptoms

This is a typical influenza from the standpoint where, in virologically confirmed cases, clinical presentation includes the acute onset of cough (usually dry-98%), fever (96%), disabling fatigue (89%), headache (82%), sore throat (82%), abdominal pain (50%), diarrhea (48%), dyspnea (difficulty breathing-48%) and joint pain (46%). The sooner one recognizes these symptoms and initiates treatment the more effective the treatment will be. If you do not initiate treatment in less than 48 hours you cannot influence the course of this illness within you.

Epidemiology

Most people are aware that the current 2009 H1N1 is a quadruple reassortment with gene products from pigs, birds, and humans unrelated to other H1N1 influenzas occurring before 1957. Due to the influenza pandemic of 1918 and related (not identical) H1N1 strains circulating through 1957 most people born before 1957 have evidence of antibodies that provide protection against the current H1N1. This partially explains why

the current pandemic primarily affects those ages 0-24. The median age of confirmed cases is 12 y/o, hospitalized cases 20 y/o, and lethal cases 37 y/o. The attack rate is very low in those older than 65 but the rate of co-morbidity in this population increases the chance of case fatalities.

In one review of 34 pregnant women with confirmed cases 11 hospitalizations and 6 deaths occurred, marking pregnant women as one especially high risk group. Clearly if you are less than 25 y/o and have a significant medical condition such as diabetes, asthma, etc., or are any age and considering pregnancy you should take all precautions including H1N1 vaccination to prevent a complicated infection.

Prevention/Vaccination

Let's start with the most obvious approach; awareness. The incubation period for the virus is usually 1-4 days, but can be up to 7 days. People are contagious for one day prior to symptoms and up to 7 days after onset of symptoms. Hand washing and wearing a face mask if you plan on spending a few minutes in close (less than 3 feet) contact with a person with an influenza-like illness (ILI) have been shown to reduce risk of transmission by at least 50%. Although I'm focusing on "Western" approaches I must emphasize the importance of the health practices outlined in our Foundations of Health and nutrients, especially Vitamin D, as outlined in our Basic Nutritional Protocol. If/when H1N1 comes to your community I strongly recommend a general immune booster such as Astragalus Jade Screen to be taken on a preventive basis, especially if you are in a high risk group (see below).

Some 45 million doses of the vaccine should become available in the next few weeks. Most people ask me if I'm getting this vaccine. I have already gotten my annual seasonal flu vaccine (which provides no protection against H1N1) as I have done every year for the past 30 years or so. This new vaccine should be safe, and I am "supposed" to get one as I am a health care provider. However, we are not clear on why the incidence of anti-ganglioside antibodies can occur with H1N1 vaccines and not seasonal flu vaccines. These antibodies are the cause of the potentially deadly complication known as Guillan-Barre' syndrome (GBS) that was seen with the 1976 swine flu vaccine. That is why my personal choice is to not get this vaccine.

That being said, I do feel that the following high risk groups should get the vaccine as their risk to benefit ratios strongly favors getting the vaccine:

1. Pregnant women¹
2. Household contacts of babies younger than 6 months.²
3. Children and young adults 6 months to 24 years with other significant medical conditions (ask your health care provider if you are not sure). Please note the CDC recommends all people in this age range get a vaccine not just those with co-morbid conditions.

You can make a reasonable argument that anyone younger than 65 y/o with a significant medical condition should get the H1N1 vaccine as well. I encourage everyone to follow their own instincts regarding whether or not to get this immunization. My choice is to follow the healthy living recommendations above and if I get this flu to treat it.

Treatment

Recognition is key. As soon as you recognize that you have an ILI, begin treatment. As I stated above, any delay, even hours can affect your ability to alter the course of this illness, and if you wait more than 48 hours after symptoms start then all you can take are symptom relievers. It obviously takes too long to get blood test results back before initiating therapy. So at the onset of an ILI I recommend calling your doctor who will probably tell you to stay home and call in Tamiflu (oseltamivir) 75 mg twice daily for 5 days (ask your pediatrician for dosage in children) or Relenza (zanamivir) 2-5mg inhalations twice daily for 5 days for those older than 7 y/o.

Symptoms without treatment last on average six days. If you begin treatment within 24 hours you can shorten the duration of illness to 3 days, if you treat within 48 hours you can shorten your illness to 4-5 days and if you wait longer no treatment will alter the illness. If you prefer more “natural” treatments I recommend beginning Vitamin C 1000 mg every 2 hours (mineral ascorbates) and the herbs Andrographis or Elderberry. These can be combined with the drug antivirals just mentioned but have an efficacy taken on their own that rivals the drugs if taken as promptly as outlined above. I would keep these remedies on hand and take them at the first onset of any ILI.

The fear generated by the marketing industry has gone far past reasonable when it comes to H1N1. This is a serious influenza pandemic and should be given all due respect. So please take the prevention and treatment recommendations above to heart. I, however, recommend everyone bring their attention to how love, empathy and compassion heal and also notice how well fear, anger and distortion “sells”. Then make a conscious decision in times of stress how you wish to live your life, in love or in fear.

Your Journey to Health and Healing,
Gary E. Foresman, MD

References:
Upon Request

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