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HISTORY

One of the earliest recorded major flu epidemics was the Russian flu (H2H2) in 1889 which killed 1,000,000 people. The Asian flu (H2N2) in 1957 killed 1,500,000. The Hong Kong flu (H3N2) in 1968 killed 750,000.

In 1918-1919 the worst influenza (H1N1) epidemic in history killed a *minimum* of between 20 and 40 million people--more than were killed in World War I. Almost one third of the population of the planet (1.6 billion at the time) became ill. America lost ten times more to the flu than she lost during the war. This epidemic was a global disaster.

The epidemic began at the very end of World War I and struck a world exhausted by one of the worst wars in history.

The flu infected 28% of Americans and was most deadly for those between the ages of 20 and 40 which was unusual. Flu normally kills the elderly. The flu depressed the average lifespan by 10 years.

The flu killed rapidly. One story told of four women who sat down for an evening of bridge. Overnight three of the women died.

The mortality rate from this flu epidemic was 2.5% while the normal mortality rate for flu is 0.1%. In other words, the flu was 25 times more lethal than the typical flu. Malnutrition may have contributed to the mortality.

This is suggested by the fact that the death rate was extremely high in India.

The flu epidemic in 1918 came in three waves (June of 1918, September of 1918, and February of 1919). The first wave struck in military camps and in Kansas in the spring of 1918. This outbreak was relatively mild and attracted little attention. Only after the fact was the outbreak considered significant.

The second wave struck in the winter of 1918. The second wave was brought back to Boston by soldiers returning from Europe in September of 1918. The virus killed 200,000 in October. Large parties to celebrate the end of the war on November 11 triggered a resurgence of the virus.

So many doctors and nurses died that an acute shortage of health care personnel developed. There was also an acute shortage of cof-

fins, morticians, and gravediggers.

The Spanish Flu epidemic has created a nightmare scenario for public health officials ever since. This is the same type of flu health officials are concerned about today. The Spanish flu killed young people which made it different from most pandemics before and since.

The fact that the first wave of the virus seemed harmless keeps public health officials cautious today. The virus can obviously mutate and become more harmful.

NATURE OF H1N1

Influenza viruses cause infections of the lungs. The virus can kill those with compromised immune systems. It is estimated that in the Spanish flu epidemic in 1918 24% of the people died from the virus and 76% died from secondary bacterial infections that caused pneumonia in the weakened lungs.

The high lethality and rapid spread of this epidemic should be understood in terms of the malnutrition and troop movements associated with the end of the First World War.

Flu viruses are classified into Type A, Type B and Type C. Type A has produced the most serious epidemics in history. The reason Type A is so dangerous is that it shuffles its genes much more rapidly than the other types of flu circumventing host resistance and making it unpredictable. H1N1 is a Type A flu virus.





Researchers believe that H1N1 kills by creating a cytokine storm, an overreaction of the body's immune system which leads to severe tissue damage to the lungs and other tissues infected with the virus.

REFERENCE

<http://virus.stanford.edu/uda/>

ANIMAL FLU

Animals are susceptible to influenza viruses in the same manner that humans are. An epidemic in 1732 appeared to affect horses in the same manner as people. The flu of 1918 was shown to be identical to a flu which infected pigs. Birds are also susceptible to the flu. The disease can be passed from one animal to another.

GUILLAIN-BARRE SYNDROME

A common preventative for the flu is administration of a flu vaccine. The effectiveness is controversial.

A confidential letter was sent to 600 neurologists in Britain on July 29, 2009 instructing them to look for increased incidence of Guillain-Barre syndrome following swine flu immunizations. This disorder is characterized by nerve degeneration causing paralysis and inability to breathe. The disorder can be fatal.

As a result of a leak of the letter half of the General Practitioners in Britain do not want to be vaccinated. The Centers for Disease Control in the United States has quietly issued a similar warning.

The confidential letter refers to the vaccine program in the United States in 1976 when more people died from the vaccination than from the flu. The vaccine appeared to increase the risk of GBS (Guillain-Barre syndrome) by eight times. The U.S. government paid millions to those who contracted the disease in 1976.

REFERENCE:

UK Health Agency to Neurologists: Swine Flu Vaccine is a Nerve Disease, *Macedonian International News Agency*, August 16, 2009.

VITAMIN C

Vitamin C has long been discussed as a treatment and preventative for the flu. The late Robert Cathcart believed that the more severe forms of the flu like the bird flu and swine flu induce acute scurvy in those who acquire the disease. Birds rarely die from the bird flu because they are often capable of synthesizing their own vitamin C in adequate quantities to prevent death from scurvy.

Cathcart notes that most hospitals will not permit administration of adequate quantities of vitamin C for legal reasons. The vitamin C level of dying patients is not even tested for vitamin C because when "it is found to be zero only an imbecile would not know to use massive levels of ascorbate. The drug industry would not like that so they will not test the levels of ascorbate."

Cathcart believed that flu viruses that attack the lungs with a massive "cytokine cascade" can rapidly become lethal and call for massive intake of large quantities of vitamin C (he suggested 12 grams of vitamin C every 15 minutes in the initial stages of the infection.) (Cytokines are the chemical messengers which call the immune system into action.)

Cathcart believed that infections result in the production of massive quantities of free radicals in the body. The only antioxidant which can easily be taken in adequate quantities to neutralize these free radicals is vitamin C.

Vitamin C has benefit above and beyond its ability to neutralize free radicals. Carlton and Patricia Schwerdt at Stanford University tested the ability of vitamin C to inhibit viral replication. Human cells were incubated with a quantity of vitamin C equal to what would exist if someone were supplementing with 6-10 grams of vitamin C a day.

The cells were then exposed to the cold virus. The growth of the virus was dramatically inhibited. Forty-eight hours after the infection procedure the amount of virus collected from the vitamin C cultured cells was *one-fortieth* that of untreated control cells.

This viral resistance was probably a result of the increased release of interferon by the vitamin C saturated cells. Interferon inhibits the replication of viruses.

GNLD Super C provides a continuous release of vitamin C which provides a stable blood level of the nutrient. As increased quantities of vitamin C are taken, absorption decreases. A continuous release product like Super C circumvents this problem. Nevertheless, if a massive infection begins, it is not a bad idea to have a high potency vitamin C powder available as the body absorbs vitamin C more efficiently when need is greater.

REFERENCE:

<http://www.orthomed.com/bird.htm>

Cheraskin, Emanuel, and Ringsdorf, Jr., W. Marshall, and Sisley, Emily, *The Vitamin C Connection*, New York: Bantam Books, 1984, 39.





VITAMIN D AND THE FLU

While Dr. John Cannell was working as a psychiatrist in a hospital he learned that all of his patients were deficient in vitamin D and took the unusual step of generously supplementing them all, due to their confinement indoors.

In April 2005 a flu epidemic began in the hospital and afflicted those all around Cannell's ward. Cannell's patients were not isolated, but rather mixed with the rest of the patients in the hospital exposing themselves to the flu virus. The remarkable thing was that not one of Cannell's patients developed a fever or the debilitating muscle aches characteristic of the flu.

A few months later in July of 2005 an article by Adrian Gombart in the *FASEB Journal* offered an explanation for the remarkable resistance to the flu virus observed firsthand by Cannell. The article pointed out that a powerful anti-microbial peptide called cathelicidin is activated by vitamin D. The more vitamin D, the more active this anti-microbial peptide becomes.

Cathelicidin is a powerful weapon against viruses, bacteria, and fungi. It is used by white blood cells to punch holes in the membranes of microbes causing their innards to spill out killing them.

The connection between vitamin D and cathelicidin was made by John White of McGill University in Montreal. He wrote, "When the researchers administered 1,25-D (or vitamin D3) to a variety of cells...the gene for making cathelicidin 'went boom!

Its induction was very, very strong."

Adrian Gombart, a key researcher of this phenomenon wrote, "nothing turned on the cathelicidin gene to any degree except vitamin D. And it really turned that gene on-just cranked it up. I was completely surprised."

The flu tends to strike during the winter months when ultraviolet light from the sun declines and people spend more time indoors due to cold weather. The seasonality of the flu was a mystery until attention was recently focused on vitamin D which is also known as the "sunshine vitamin."

Would vitamin D help prevent or counteract H1N1? It might since the influenza epidemic of 1918 followed a seasonal pattern first appearing in Kansas in the winter of 1918 and then returning in the fall of that year.

Vitamin D appears to play another important role in reducing the severity of, or prevention of the flu. Vitamin D appears to tone down the immune systems's response to invading viruses in the respiratory tract where the cytokine cascade is most severe. Lung damage from excessive immune activity appears to be a major contributor to the lethality of swine flu and bird flu. The acute inflammatory compounds suppressed by vitamin D include interferon gamma, tumor necrosis factor alpha, and interleukin 12.

Evidence is accumulating regarding the importance of vitamin D for flu resistance. In February researchers reported a link between vitamin D levels in the blood and upper respiratory infections in a group of almost 19,000 people of all ages. Those with vitamin D levels below 10 ng/ml were 55% more likely to have contracted an upper respiratory tract infection than those whose levels were 30 ng/ml. (Some feel that both of these levels are suboptimal.)

Many researchers feel that adults should be supplementing with 2,000 IU of vitamin D during the winter months and children should

be supplementing with 1,000 IU.

John Cannell does not feel that these levels of vitamin D are adequate to protect against H1N1 and thinks that adults may well require 5,000 IU per day to achieve his optimal level of 50 ng/ml in the winter.

Cannell is not sure that vitamin D will protect against H1N1 flu. Suboptimal levels of vitamin D may contribute to the cytokine storm while higher levels may prevent it.

I generally recommend Cod Liver Oil and Chelated Cal-Mag with vitamin D during the winter months in order to maintain a more optimal level of vitamin D at this time of year. Vitamin D is also present in all GNLD multiples. Higher intakes of vitamin D may be warranted if one acquires this dangerous flu. Be cautious, however, because excessive oral intake of vitamin D can be toxic.

REFERENCE

Gombart, Adrian, Borregaard, Niels, and Koefler, H. Phillip, Human cathelicidin antimicrobial peptide (CAMP) gene is a direct target of the vitamin D receptor and is strongly up-regulated in myeloid cells by 1,25-dihydroxyvitamin D3, *The FASEB Journal*, 2005;19:1067-1077.

Raloff, Janet, The antibiotic vitamin, *Science News*, November 11, 2006, Vol. 170, 312, 317.

Cannell, John, et al, On the epidemiology of influenza, *Virology Journal*, 2008, 5:29.

THE CYTOKINE STORM

Reducing excessive immune activity appears to be critical in combating the more dangerous forms of the flu. One means of reducing immune





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activity is increasing the effectiveness of the immune system so there are fewer viruses produced. High intake of vitamin C at the very outset of a problem appears to be helpful.

Maintaining an optimal intake of all essential nutrients probably plays a crucial role in increasing resistance to the flu in the first place. The more rapidly the immune system can respond to an infection the fewer viruses there will ultimately be. Effective immune response also means less damage to the lungs and other vital organs.

A double-blind placebo-controlled study of 477 individuals found that a multiple vitamin and mineral along with beneficial bacteria like Acidophilus Complex reduced respiratory tract infections during the winter months by 13.6% and reduced influenza symptoms by 25%.

One particularly disturbing study found that the flu virus in mice deficient in selenium mutates into more dangerous forms. Even mice with normal nutrition were more susceptible to the mutated flu virus.

GNLD's TRÉ may also be beneficial in prevention of the flu. A double-blind, placebo-controlled study with green tea for three months

found a 32% reduction in cold and flu symptoms with a 22.9% reduction of illnesses lasting at least 2 days and 35.6% fewer symptom days.

Elderberry polyphenols, another ingredient found in Tre, have also been shown to benefit influenza symptoms. A standardized elderberry extract resulted in significant improvement of influenza symptoms in 93.3% of cases in 2 days. A complete cure was achieved in 2-3 days among those taking the elderberry extract and in 6 days for those in the control group.

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Winkler, P., et al, Effects of probiotics plus vitamins and minerals on the common cold, *Int J Clin Pharmacol Ther.*, 2005; 43(7): 318-26.

Williamson, D., Scary study: Selenium deficiency causes flu virus to mutate into more dangerous forms, *FASEB J*, June 8, 2001.

Kelley, Darshan s., et al, Effects of dietary

arachidonic acid on human immune response, *Lipids*, 1997;32(4):449-456.

Zakay-Rones, Zichria, et al., Inhibition of several strains of influenza virus in vitro and reduction of symptoms by an elderberry extract (*Sambucus nigra* L.) during an outbreak of influenza B Panama, *The Journal of Alternative and Complementary Medicine*, Winter 1995, 1(4):361-369.

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