

PREPARING FOR THE AVIAN FLU PANDEMIC

Gary B. Klepper, D.C., N.D., and Rain E. Klepper, D.C., N.D.

Recent media attention has focused on the potential for a new avian flu pandemic matching or surpassing the 1918 Spanish flu. Every day, we get calls from patients and doctors concerned about how to prepare for and protect from this probable coming pandemic.

The avian flu we're talking about here is expected to develop from the H5N1 strain of influenza A that has already killed millions of birds in Asia, and there are signs of it spreading to other parts of the globe, such as Romania. This flu can be transmitted from birds to people, but at this point has not yet developed the ability to transfer from person to person. If it does, this will be a huge problem because:

- 1- It represents a strain of flu that human immune systems have not been exposed to, and thus little or no natural immunity exists. Estimates are that the coming avian flu pandemic would kill somewhere between 3 and 60% of those infected.
- 2- Its virulence resembles that of the Spanish influenza, which killed mainly relatively young and healthy people with supposedly properly functioning immune systems. The flu kills by inducing an extreme immune system response, which destroys the lungs. Thus, measures taken to "stimulate the immune system" as a protective measure may be contraindicated.
- 3- There is no vaccine to this flu. Currently produced flu vaccines will most likely not protect against this particular flu. There currently do not exist on the planet the facilities needed to produce enough vaccine to protect people worldwide, nor even enough for 1st world countries, even if an effective vaccine had already been developed. When and if this strain of flu pandemic occurs, not a single dose of a viable vaccine will be expected to be available for at least 9 months.

Measures to prepare for this pandemic currently consist of efforts to detect cases in birds raised commercially for food, and to destroy infected animals. It is not possible to prepare a vaccine yet, because the potential mutant variety that could cause the pandemic does not yet exist. In mainstream medicine, the best preparatory method available is to stockpile doses of oseltamivir phosphate, sold under the brand name Tamiflu, which probably will give at least partial protection should this flu strain develop and begin to spread.

IMMUNE STIMULATION VERSUS METABOLIC FLUIDITY

Perhaps no greater opportunity has ever existed to get our patients interested in improving their overall health so as to better their chances of survival. This is not a flu that can be successfully treated by giving some natural substance once the patient has the flu to stimulate the immune system to better fight the virus. No amount of Notatum and Quentans will solve the problem of runaway immune-system-induced inflammation destroying the lung tissue. The immune system must become well regulated and inflammatory upregulation must be resolved **before** the flu hits.

Thus, the therapeutic intervention must be shifted towards a restoration of proper regulation and fluidity of metabolic responses. This requires a comprehensive program that will take some time and be done in several stages. Once the flu hits, it will be too late.

The things that have to be accomplished before the flu hits are:

- 1- Restore proper regulation of inflammation so that immune system functions that depend on inducing inflammatory responses (cytokine mediated) can occur without overshooting the mark and creating unnecessary tissue destruction.
- 2- Remove residual toxins and microbes from the body that are interfering with healthy function of the extracellular matrix and reducing fluidity of immune system response. Most of us have unresolved foci of infection and toxicity that are held in check by specific aspects of immune system upregulation at the cost of increased systemic inflammation. It is like a Mexican stand-off. If the immune upregulation drops off, the microbial infection becomes dominant and causes an acute infection. To the extent that the immune system is fixated on maintaining an activation against the present body burden of pathogens, it cannot be free to express an appropriate response to new threats.
- 3- Restore functional reserves to the adrenal cortex so that it is neither exhausted nor fixated in the resistance phase. An adrenal cortex in the exhaustion phase cannot produce a surge of cortisol needed to initiate various immune system responses, and thus a meaningful early immune response to a new infection is delayed. An adrenal cortex in the resistance phase is chronically overproducing cortisol, which has many adverse metabolic consequences and blunts the dynamic responsiveness of the immune system.
- 4- Restore proper digestive function and gut ecology. Gut dysbiosis will tend to reduce the fluidity of the TH1/TH2 shift, which is needed to maintain a rapid and appropriate immune system response to a new pathogen exposure.

- 5- Rebuild the internal vital heat and release the cold stagnation that entraps the qi. Most people have significantly diminished energy due to an accumulation of injuries that have damaged the vitality. These injuries can be physical, psychological or microbial in origin. This causes the qi to be gathered into and stored in areas where it causes pain and stiffness. If released and kept fluid, an amazing amount of vitality can be restored at any age.

There is a logical way to approach accomplishing this restoration of vitality and metabolic fluidity. This article is not comprehensive enough to detail the overall approach, but a basic outline is presented here.

PHASE 1

In this phase, several things must be accomplished.

Adjust the diet and add nutrient supplements to restore the proper physical components of the cell membrane. The cell membrane is made primarily of phospholipids and fatty acids. Most people have an over-abundance of omega 6 fatty acids and a stark deficiency of omega 3s, while the membrane is woefully inadequate in phospholipids composition. Restoration of the cell membrane to its proper components through diet and supplementation takes about 6 to 24 months to accomplish. **Get started now!**

Initial cleanup of the matrix: The extracellular matrix is encumbered in most people with an accumulated toxic burden, and has been damaged by free radical oxidation. The use of the appropriate PEKANA drainage medicines are central to our approach in cleaning up the matrix. This is where the basic Detox Kit consisting of RENELIX, apo-HEPAT, and ITIRES is often employed. More experienced practitioners tend to become comfortable with the countless variations of PEKANA medicines that can be chosen to more specifically target each patient's unique constitutional type. This greatly improves the efficacy of the PEKANA medicines over just depending on the use of the Detox Kit. The PEKANA drainage medicines are enhanced by addition of SanPharma Penicillium group remedies at this stage, usually employing one of the 3 master combinations for reducing inflammation and restoring metabolic regulation. These 3 master combinations are Notatum with Quentans, Notatum with Roqueforti, and Quentans with Roqueforti. At the same time, the diet should be modified to include much higher amounts of anti-oxidant, anti-inflammatory foods, and this should be reinforced with anti-oxidant supplements.

Restore fluidity of adrenal cortical function. In adrenal exhaustion, NEU-regen and DALEKTRO N are almost always used along with restorative B vitamins and trace mineral supplements, restorative Chinese herbal formulas, and low level physiological hormone replacement therapy. In adrenal resistance (chronic adaptive adrenal upregulation), we use SUPREN with PSY-stabil and larger amounts of trace minerals

including magnesium, while the Chinese herbs selected are typically harmonizing formulas.

If the digestion is not strong and functioning comfortably, this must be fixed. Commonly we include the digestive harmonizer apo-STOM (almost never by itself) and the master gut regulator Roqueforti. Chinese herb formulas to restore and harmonize digestive functions are almost always used. Microbial issues are dealt with using combinations that commonly include HELMIN and OPSONAT, and gentle antimicrobial substances such as Allicidin (from Designs for Health) or Pinellia formula (sold by Honso as Pinellia Formula to Drain the Epigastrium).

Cold stagnation can be treated by appropriate exercise, acupuncture and moxibustion, and home Akabane therapy. Life-style habits that induce cold damage need to change. These include overwork, worry, immersion in inappropriate relationships, too much or too little exercise, and eating of foods that overwhelm the digestive vitality.

PHASE 2

In the next phase, more aggressive treatment of gut dysbiosis and key toxins remaining as encumbrances in the extracellular matrix is necessary. If proper preparation has been done in phase 1, the patient will tolerate more provoking PEKANA medicines, such as larger doses of Opsonat, or small doses of TOXEX or SEPTONSIL. SanPharma remedies employed at this stage will typically include the Aspergillus-Quantans-Mycobactin S combination or Candida/Roqueforti suppositories along with the other bacterial remedies.

This same scenario is described from a Chinese medical perspective a bit differently. Once the vital heat has been partially restored and cold stagnation reduced, it is time to dispel trapped heat toxins. It is possible to do this by numerous methods, but removal of trapped heat toxins is easily and safely accomplished with SanPharma remedies, because they are temperature-neutral medicines. This is a really huge point. Use of herbs to remove trapped heat requires lots of skill, because you do not want to just give cold herbs to remove the heat toxins, as this can aggravate cold damage. SanPharma remedies are neither cold nor hot in nature, unless used in huge doses, so they can be used to remove heat toxins without further collapsing the vitality. It is also important that they are made without cell-wall fragments, which are in-and-of-themselves heat toxins.

Also needed in phase 2 is further harmonizing and regulating of the digestion, and supplementation and/or further dietary modification to eliminate remaining nutrient deficiencies.

PHASE 3

Phase 3 is the most difficult to discuss in the context of a short article, because it consists of supporting remaining deep energy deficiencies and eliminating difficult stealth pathogens. This may involve dealing with microbes and heavy metals trapped in the matrix due to the presence of a hypercoagulable state. As described in our phone class on Hypercoagulability, dealing with this involves extensive use of drainage medicines to buffer the download caused by fibrinolytic therapy.

At the same time, make sure that the lung qi is in good shape. If still deficient, or if respiratory membranes are still vulnerable, some simple methods exist for providing protection. These include the prophylactic use of Notatum-Quentans spray in the nose and oropharynx, sipping small doses of apo-PULM or BRONCHI-PERTU, and taking a daily capsule of N-acetyl cysteine.

This topic covers a vast amount of territory! It is not possible to fully address these phases in a protocol format. We wanted to provide a basic conceptual framework with this article.

For further information, a more comprehensive 2-day seminar that includes extensive treatment of this topic along with an approach to autoimmune diseases using nutrition, German biological medicines and Chinese medicine will be presented in Denver in March of 2006. Contact BioResource at 800/203-3775 for details.