

# **Edenic Light Naturopathic Medical Consultants and Integrative Medicine Research Foundation Institute™**

<http://www.edenic-light.com>

**Introductory and analysis Notes by Dr. Shalomim Y. HaLahawi, Licensed Traditional Naturopathic Physician, MD(AM)., DNM, D.PSy. ©2009 All rights reserved.**

**Clinical Research references to Herbal Medicines for Prevention and Treatment of Flu and H1N1(Swine Flu)-**

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**Note: As Licensed Healthcare professionals, we have “prescriptions” only on all available formulas below through several Naturopathic, Homeopathic and TCM pharmacies**

## **Herbal Research Warning:**

It should be noted that store bought herbs are classified as commercial herbals with little or no therapeutic effect or standardized quality and are in no way shape or form identical with Medicinal Quality Herbal Medicines which are developed by registered Pharmacuetical/Neutricuetical Pharmacies with cGMP, US Homeopathic Pharmacopia and FDA authorization and provided by “Licensed” Naturopathic, Homeopathic or Oriental Medical Doctors only.

Single herbs that are not compounded according to professional industry standards of medicinal compounds are ineffective as therapeutic herbs. The Biochemical components of herbs are interactive and activated for therapeutic purposes only when correctly extracted, standardized and compounded with other herbal medicines to produce a therapeutic agent/natural drug.

Clinical Research has shown many non-prescription herbs to contain high levels of arsenic, mercury and other impurities(i.e. steroids) that can lead to kidney and liver toxicity and organ failure. Taking non-prescription Herbal medicines is no different and just as dangerous as taking Prescription allopathic medicines, especially if it wasn't prescribed to the individual taking it.

Some people are allergic to certain herbal medicines and risk long-term and short-term health complications as the result of mis-use of store bought herbal supplements. If store bought herbal medicines and nutritional supplements were the solution, then Licensed Holistic Healthcare practitioners and prescription herbal medicines would not be necessary. An Example of comparison:

Allopathic Licensed Doctors Prescribe Pharmaceutical grade Allopathic Medicines such as oxycotin, hydrocodone etc....whereas, non Pharmaceutical grade allopathic medicines are labeled over the counter medicines such as Tylenol, Motrin etc.

Naturopathic, Homeopathic and Oriental Licensed Medical Doctors prescribe Pharmaceutical/Nutricuetical grade Naturopathic Medicines such as Quercenol, Astra Isatis, Orthoflex etc..., whereas non pharmaceutical grade naturopathic medicine are found in Herbal or health food stores as labled commercial herbs such as Echinacea, golden seal, saint johns wort, etc etc.....

Many Herbal supplements such as Echinacea, when taken inappropriately can actually contribute to the suppression and crashing of the immune system and causing a virus or bacterial infection to become more aggressive. Usually occurs about one week after taking it continuously. Goldenseal is another widely mis-used supplement, used clinically for inflammation caused by injury or trauma, but mis-used street wise for colds. Collodial silver is not the same a colloids and can cause the accumulation of silver ion particples in the organs of the body leading to health complications including the graying of the skin.

**In regards to the H1N1 Swine flu pandemic, including vaccinations, I expect to see a high incident of illness and possible deaths from those who mis-use and self-administer potentially toxic herbal supplements to themselves for treatment, in the same manner as those who take the swine flu vaccinations**

## **A REGIMEN FOR SEVERE INFLUENZA**

Chinese herb therapy, applied to address the first signs of influenza, might prevent the infection from developing into the full symptomatic disease. For persons who are highly susceptible to influenza and those who tend to experience severe symptoms, as well as during influenza seasons that are defined as being highly virulent or dangerous, it may be prudent to treat even the initial symptoms as though a severe disease was about to develop. These herbal remedies would be used in persons who are developing symptoms despite having been vaccinated (since there is the possibility of vaccine failure, especially later in the season when new strains might dominate) and could also be used along with drugs such as Tamiflu, which are not completely efficacious on their own.

A protocol using ITM formulations (which are prescribed by health professionals and are not sold in stores) could be designed in this manner (these dosages are for adults):

- Ilex 15: 5-6 tablets each time, three times daily
- Myrolea-B: 1 tablet each time, three times daily
- Calmagnium: 1 tablet each time, three times daily
- Quercenol: 1 tablet each time, three times daily

**Ilex 15** (Seven Forests) is a complex formulation of Chinese herbs that are used to treat upper respiratory system infections. The pattern of herb combining follows principles used in producing two popular patent remedies from China: *Yin Qiao Jie Du Pian* and *Gan Mao Ling*. This formula has been used for 15 years. It is suitable for use by itself in the early stage of common influenza and other upper respiratory viral infections. ITM also provides a modification of the original *Yin Qiao Jie Du Pian* (Pine Mountain), which has been modified with herbs indicated as effective for influenza by ongoing research in China. In addition, there is a potent broad-spectrum antiviral combination called **Isatis 6** that may be used alternatively or along with Ilex 15.

**Myrolea-B** (White Tiger) is a simple formulation of highly concentrated extracts from four Chinese herbs and one Western herb. The Chinese herbs include forsythia and lonicera, two of the key ingredients of Ilex 15 (and the main antiviral ingredients of *Yin Qiao Jie Du Pian*), thus boosting the dosage of these essential ingredients. Myrolea-B also contains the antiviral agents scute (*huangqin*) and terminalia (*hezi*). The Western herb in this formulation is olive leaf, which is one of the primary anti-viral herbs derived from the European tradition.

**Calmagnium** (White Tiger) is a comprehensive mineral and vitamin supplement (not a Chinese formula). The concept behind its use is that by providing optimal or even high levels of certain nutrients, the immune system has a stronger effect against pathogens. For example, it is considered possible that vitamin C, zinc, and selenium contribute to antiviral activity. The point of providing a broad nutritional supplementation, rather than just focusing on a few of the established ingredients, is to assure a more balanced effect. In China and Japan, it is increasingly common to prescribe nutritional supplements, similar to this, along with herb remedies.

**Quercenol** (White Tiger) is an antioxidant mixture. It has recently been reported that influenza causes oxidative stress that adversely affects the lungs, perhaps increasing symptoms and susceptibility to secondary lung infections. There is a decline in vitamin E levels. Quercetin, the main ingredient in Quercenol, has been shown to increase pulmonary concentrations of the antioxidants catalase, reduced glutathione, and superoxide dismutase. By taking Quercenol, the vitamin C intake from Calmagnium is increased (total of 1162 mg per day with the above suggested dosing) as is the vitamin E intake (total of 337 IU per day with above dosing). In addition, zinc supplementation is often recommended for to boost immune responses; the use of Quercenol with Calmagnium at the suggested dosing provides 25 mg of zinc. Selenium from Calmagnium alone at the dose of 1 tablet three times daily is 75 mcg, but adding Quercenol brings it to 175 mcg.

The antiviral agents are expected to have their best effect at the earliest sign of infection and for the phase of the disease where the amount of virus is exponentially growing, perhaps the first two to three days of symptoms. After that, the virus comes under some degree of control, even though symptoms can persist. However, additional symptoms can be generated if a bacterial infection arises; typically, a bronchial infection develops, and it may persist for several days or weeks if not successfully treated (if herbal therapy is not successful, antibiotics should be used in cases of bacterial infections). After the initial viral development phase, one may focus more on symptomatic relief, for example, deleting Ilex 15 in the regimen above and replacing it with another formula; aimed at relief of symptoms, such as for nasal congestion, sore throat, or

bronchial infection with cough. Examples of those therapies include these Seven Forests formulas:

Belamcanda 15: suited for respiratory bacterial infection that accompanies or follows influenza

Chrysanthemum 9: for headache, fever, sinus congestion accompanying influenza

Gardenia 7: for sore throat

Lily 14: for dry, irritated throat and dry cough

## **Spagyric Homeopathic complementary Options(Dr. Shalomim HaLahawi)**

**Toxex and Mundipur drops-** therapeutic elimination of toxic waste lodged in the organs and tissues. Stimulates the drainage of metabolic waste products, treats inflammation of the mucous membranes and breathing tracts, regulates and stimulates intestinal excretion.

**Apo-Infekt- biological antimicrobial medication-**treatment of bacterial and viral infections, stimulates the immune system to eliminate pathogens and toxins that can block proper metabolism. Also stimulates the lymphatic system and treat accompanying fever and weakness. effective against increasingly resistant microbes (also used for Otitis media, infections of the bladder, kidney, bronchials etc) .....

**Dalektro N-** Homeopathic minerals that normalize regulation of the electrolyte system and stimulate enzyme activity. Act as vital catalyst that activate profound chemical changes to help return a chronically ill body to health.

**Note: Proper Diagnosis of pre-existent conditions(such as allergies and major health problems) and the bio-physical aspects of each individual will also play a role to determine which medicines to prescribe and administer. No people are created alike and so each individual must be assessed to determine the appropriate therapy without harm for the Flu and Swine flu.....**

**Herbal Store salesmen and herbalist in general with no Medical/Doctoral/Naturopathic training in diagnosis and assessment will not be effective in this manner**

## **PREVENTION STRATEGIES**

For those who are concerned about high susceptibility to influenza (due to past experience of frequent infection by viruses or a high level of exposure to crowds), immune enhancing formulas, such as **Jade Screen Tablets** or **Astragalus 10+**, may be taken during the flu season (e.g., for up to about 16 weeks) in an effort to avoid developing a symptomatic infection after exposure. Jade Screen Formula (with astragalus as a major constituent) and its variants are the most widely studied prescriptions for prevention of upper respiratory tract infections. ITM's version of the formula includes additional herbs benefiting the lungs: the anti-infection herb houttuynia, the yin nourishing glehnia, and the congestion-alleviating centipeda (an herb, not to be confused with the insect centipede). **Astragalus 10+** is especially suitable for persons of middle age or older, as it also contains tonics for the kidney/liver as part of the therapeutic approach to immune enhancement. Greater immune enhancing effects may be attained by

including, along with one of these tonifying formulas, a high dose of either astragalus (using Astragalus Extract Tablets) or cordyceps (using Cordyceps Tablets); these herbs also strengthen the lungs. ITM has received reports that some patients successfully use Ilex 15 as a preventive; this formula may function in this role by helping inhibit the virus as soon as exposure occurs, perhaps being effective at dosages lower than those described for treatment of the disease once symptoms appear.

It is important to note that high doses of the tonic formulas with astragalus may not be effective when the infection begins producing symptoms. The flu symptoms include the adverse impact of a high immune response, and attempts to elevate that immune response will not only fail to have a substantial extra impact on the virus but may contribute to the severity of the symptoms. Thus, one should be careful about attempting to apply this approach. Generally, the immune based therapies are applied either during a preventive health care phase of treatment or during a recovery phase when the dominant symptoms are reducing rather than at the time when the symptoms of an infection are first noted.

Some of the suggested ITM formulations are relatively new, including Myrolea-B, *Yin Qiao Jie Du Pian*, Chrysanthemum 9, Astragalus Extract Tablets, Cordyceps Tablets, and Gardenia 7. All of these, and the other formulations mentioned here, are included in the book [A Bag of Pearls](#) (2004). Additional suggestions for treatment of influenza or its symptoms may be gleaned from the pages describing the formulas and in the index of formula indications.

**PLEASE NOTE: The side-by-side presentation of the following formulas is not intended to suggest any particular pairings, it is for presentation only.**

Standard Anti-Influenza Formulations					
Ilex 15			Yin Qiao Jie Du Pian		
<i>maodongqing</i>	Ilex	14%	<i>jinyinhua</i>	Lonicera	12%
<i>jinyinhua</i>	Lonicera	9%	<i>lianqiao</i>	Forsythia	12%
<i>lianqiao</i>	Forsythia	7%	<i>niubangzi</i>	Arctium	12%
<i>banlangen</i>	Isatis root	7%	<i>banlangen</i>	Isatis root	10%
<i>bohe</i>	Mentha..	7%	<i>chuanxinlian</i>	Andrographis (e)	10%
<i>juhua</i>	Chrysanthemum	7%	<i>jiegang</i>	Platycodon	10%
<i>zhushagen</i>	Ardisia root	7%	<i>dandouchi</i>	Soja	10%
<i>jiegang</i>	Platycodon	7%	<i>danzhuye</i>	Lophatherum	8%

<i>lugen</i>	Phragmites	6%	<i>bohe*</i>	Mentha	8%
<i>jingjie</i>	Schizonepeta	6%	<i>jingjie</i>	Schizonepeta (e)	8%
<i>fangfeng</i>	Siler	5%	* a high menthol content extract is used		
<i>qianghuo</i>	Chiang-huo	5%			
<i>ganjiang</i>	Ginger	5%			
<i>wuzhuyu</i>	Evodia	4%			
<i>gancao</i>	Licorice	4%			

Supplemental Influenza Formulations:  
may be added to the above or used instead

Myrolea-B			Isatis 6		
<i>jinyinhua</i>	Lonicera	25%	<i>daqingye</i>	Isatis	25%
<i>lianqiao</i>	Forsythia	25%	<i>huzhang</i>	Hu-chang	15%
	Olive leaf	25%	<i>xiakucao</i>	Prunella	15%
<i>huangqin</i>	Scute	20%	<i>baihuasheshecao</i>	Oldenlandia	15%
<i>hezi</i>	Terminalia	10%	<i>chuanxinlian</i>	Andrographis	15%
			<i>jinyinhua</i>	Lonicera	15%

Nutritional and Antioxidant Therapy:  
key elements are quercetin, vitamins C and E, and zinc.

Calmagnium	Quercenol
Four tablets provide: (percentage of U.S. RDA in parentheses)	Two tablets provide: percentage of U.S. RDA in parentheses
Minerals:	Flavonoids:

(55)	Calcium	550 mg	Quercetin	400 mg
(100)	Magnesium	400 mg	Silybum marianum (e)	250 mg
(67)	Zinc	10 mg	Proanthocyanadins	125 mg
(100)	Manganese	2 mg	Green tea polyphenols	150 mg
(75)	Copper	1.5 mg		
	Boron	1 mg	Vitamins:	
(167)	Chromium	200 mcg	Mixed carotenoids	30 mg
(143)	Selenium	100 mcg	(1000) Vitamin E	300 IU
(67)	Molybdenum	50 mcg	(830) Vitamin C	500 mg
			Minerals:	
	Vitamins:		(67) Zinc	10 mg
(100)	Vitamin A	5,000 IU	(143) Selenium	100 mcg
	β-carotene	10,000 IU		
(1333)	Vitamin B <sub>1</sub>	20 mg		
(1176)	Vitamin B <sub>2</sub>	20 mg		
(210)	Vitamin B <sub>3</sub>	40 mg		
(400)	Vitamin B <sub>5</sub>	40 mg		
(2000)	Vitamin B <sub>6</sub>	40 mg		
(3333)	Vitamin B <sub>12</sub>	200 mcg		
(200)	Folic acid	800 mcg		
(333)	Biotin	1 mg		
(833)	Vitamin C	500 mg		
(75)	Vitamin D <sub>3</sub>	300 IU		
(167)	Vitamin E	50 IU		

(125)	Vitamin K <sub>1</sub>	100 mcg	
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Formulas for Prevention via Immune Enhancement;  
also for recovery phase

Jade Screen Tablets			Astragalus 10+		
<i>huangqi</i>	Astragalus	25%	<i>huangqi</i>	Astragalus (e)	12%
<i>fangfeng</i>	Siler	18%	<i>ciwujia</i>	Eleuthero (e)	12%
<i>baizhu</i>	Atractylodes	15%	<i>lingzhi</i>	Ganoderma (e)	10%
<i>ebushicao</i>	Centipeda	12%	<i>maimendong</i>	Ophiopogon	10%
<i>yuxingcao</i>	Houttuynia (e)	12%	<i>nüzhenzi</i>	Ligustrum	10%
<i>beishashen</i>	Glehnia	12%	<i>heshouwu</i>	Ho-shou-wu	8%
<i>gancao</i>	Licorice	6%	<i>roucongrong</i>	Cistanche	7%
			<i>baizhu</i>	Atractylodes	7%
			<i>gancao</i>	Licorice	6%
			<i>renshen</i>	Ginseng	6%
			<i>wuweizi</i>	Schizandra	6%
			<i>sangshen</i>	Morus fruit	6%

Immune Boosters; may be added to the formulas above

Astragalus Extract Tablets			Cordyceps Tablets		
<i>huangqi</i>	Astragalus	75%	<i>chongcao</i>	Cordyceps	34%
<i>danshen</i>	Codonopsis	25%	<i>wujiashen</i>	Eleuthero	33%
			<i>hongjingtian</i>	Rhodiola	33%

<p>Formulas for Secondary Effects: Lung congestion and infection; headache and sinus congestion</p>					
Belamcanda 15			Chrysanthemum 9		
<i>shegan</i>	Belamcanda	8%	<i>yejuhua</i>	Chrysanthemum	16%
<i>yuxingcao</i>	Houttuynia	8%	<i>manjingzi</i>	Vitex	12%
<i>shishangbo</i>	Selaginella	8%	<i>gegen</i>	Pueraria (e)	12%
<i>lugen</i>	Phragmites	7%	<i>chouwutong</i>	Clerodendron (e)	10%
<i>xingren</i>	Apricot seed	7%	<i>sangye</i>	Morus leaf	10%
<i>sangye</i>	Morus leaf	7%	<i>chuanxiong</i>	Cnidium	10%
<i>zhuli</i>	Bamboo sap	7%	<i>niuxi</i>	Achyranthes	10%
<i>jiengeng</i>	Platycodon	7%	<i>tianma</i>	Gastrodia (m)*	10%
<i>baibu</i>	Stemona	7%	<i>baijili</i>	Tribulus	10%
<i>maimendong</i>	Ophiopogon	6%	* gastrodia mushroom, <i>Armillaria mellea</i> , is used as a replacement for gastrodia		
<i>zhebeimu</i>	Fritillaria	6%			
<i>niubangzi</i>	Arctium	6%			
<i>baiqian</i>	Cynanchum	6%			
<i>ganjiang</i>	Ginger	5%			
<i>gancao</i>	Licorice	5%			
<p>Formulas for Sore Throat and for Dry Throat and Dry Cough</p>					
Gardenia 7			Lily 14		

<i>zhizi</i>	Gardenia	30%	<i>baihe</i>	Lily	12%
<i>jiengeng</i>	Platycodon	15%	<i>muhudie</i>	Oroxylum	9%
<i>gancao</i>	Licorice	15%	<i>maimendong</i>	Ophiopogon	9%
<i>hezi</i>	Terminallia	10%	<i>yuzhu</i>	Yu-chu	8%
<i>bohe</i>	Mentha	10%	<i>dihuang</i>	Rehmannia	8%
<i>shengdi</i>	Rehmannia	10%	<i>mingdangshen</i>	Changium	7%
<i>niubangzi</i>	Arctium	10%	<i>pangdahai</i>	Sterculia	6%
			<i>nanshashen</i>	Adenophora	6%
			<i>beishashen</i>	Glehnia	6%
			<i>xuanshen</i>	Scrophularia	6%
			<i>niubangzi</i>	Arctium	6%
			<i>jiengeng</i>	Platycodon	6%
			<i>zhebeimu</i>	Fritillaria	6%
			<i>gancao</i>	Licorice	5%

References: Institute for Traditional Medicines

Article:

What to do if you are forced to take a Swine Flu Vaccine ©  
**Copyright** 2009 Dr. Joseph Mercola. All Rights Reserved.

By Dr. Russell Blaylock

*"By 1853, Parliament began passing laws to make the untested vaccine compulsory throughout the British Empire. Other countries of Europe followed suit. Once the economic implications of compulsory vaccinations were realized, few dared to disagree. Then, as now, the media were controlled by the vaccine manufacturers and the government, who stood to make huge money from the sale of these spurious vaccines..."*

Tim O'Shea, D.C.

### **What is in the Regular Flu Shot?**

- Egg proteins, including avian contaminant viruses
- Gelatin, known to cause allergic reactions and anaphylaxis are usually associated with sensitivity to egg or gelatin
- Polysorbate 80 (Tween80™), which can cause severe allergic reactions, including anaphylaxis
- Formaldehyde: a known carcinogen
- Triton X100: a strong detergent
- Sucrose (table sugar)
- Resin, known to cause allergic reactions
- Gentamycin, an antibiotic
- Thimerosal: mercury is still in multidose vials

**Analysis of material by the Centers for Disease Control and Prevention by Dr. Russell Blaylock. (September 5, 2009)**

## Critical Observations:

- Doctor visits for flu are down from the level in April
- Total flu hospitalizations are similar or lower than for seasonal flu (yearly flu)
- The number of death secondary to flu and pneumonia is unchanged from yearly rate
- Only two states are reporting widespread infections -- Georgia and Alaska. Other states report only regional or sporadic activity, meaning it's not very contagious.
- There is no evidence that the virus has mutated at all anywhere in the world
- The virus remains susceptible to the drugs Tamiflu and Relenza.
- Only 43,771 cases have been reported in the United States. Because of poor reporting the CDC estimates that true numbers indicate that one million have been infected. Many people did not get sick enough to go to a doctor. Likewise, not all people are tested who go to a doctor.
- Of these 5,011 have been hospitalized and 302 have died.

## Death Rates From the H1N1 Flu

- If we use the 43,771 figure and 302 deaths that means the death rate is 0.6 percent, an extremely low death rate for any flu.
- The percentage of hospitalized patients who died was 6 percent, again a very low incidence of death.
- Since the CDC estimates that one million have been infected, we must recalculate death rates. Using this more accurate figure, the death rate is in truth 0.03 percent, which means 99.97percent will not die from this flu. Your chances of dying are incredibly low.

## Age and Death Rates

We hear a lot about the unusual age distribution with this virus, especially as regards death rates, with the young being more affected than, as with seasonal flu, the elderly (90% of deaths are usually among those greater than 65 years old). The risks of becoming infected are as follows:

- Ages 5 to 24 y/o-----26.7 per 100,000 (0.027%)
- Ages 0 to 4 y/o -----22.9 per 100,000 (0.023%)
- Ages 25 to 49-----6.97 per 100,000 (0.0069%)
- Ages 50 to 64 y/o-----3.9 per 100,000 (0.0039)
- Over 65 y/o-----1.3 per 1000,000 (0.00013%)

And the risk of needing to be hospitalized are:

- Ages 0 to 4 y/o-----0.0045%
- Ages 5 to 24 y/o-----0.0021%
- Ages 25 to 45 y/o-----0.0011%
- Over 65 y/o-----0.0017%

This indicates that for all age groups, the risk of being hospitalized are far less than 1 percent and well over 99 percent of people will not need hospitalization.

This explains why this infection is being downplayed by the virologists themselves, the ones who know most about the dangers of viruses.

The distributions of death also vary considerably by age. Below is the distribution of deaths according to age.

- Ages 25-49 y/o-----41%
- Ages 50 to 64 y/o-----24%
- Ages 5 to 24 y/o-----16%
- Over age 65 y/o----- 9%
- Ages 0 to 4 y/o----- 2%

So, we see that the greatest death rates in the extremely small fraction that die are between ages 25 to 49 and 65 percent are between ages 25 to 64.

The least likely to die are babies up to age 4 years, yet they are targeted for vaccination and as we see from the above data, children below age 2 years get absolutely no protection from the flu vaccines.

### **Analysis of the New Government Projections to the Media**

If we analyzed it according to the worst case scenario released by the government we see far lower figures than being projected:

They say 150 million Americans will be infected. That is 150 X as many as now infected, and represents a much larger figure than now estimated with a 6 to 6.5 percent of a localized population.

For the United States itself with a population slightly over 300 million, their figures indicate a 50 percent infection rate. There is nothing to indicate such a high infectivity rate from the past 7 months of analysis.

It should also be appreciated that the infections will not occur all at once, but will slowly evolve, as we have seen thus far, meaning that at any one time a much smaller amount

of Americans will be infected -- which also reduces the numbers who will require hospitalizations at any one time, and who will need ICU care.

As far as the number that will need hospitalization, the government now says there will be 1.8 million people hospitalized, of which 300,000 may need ICU treatment.

If we use the existing data we see that the numbers are quite different. At the time the data was taken, 303 people out of one million infected died and 5,011 needed hospitalization. This means a projected hospitalization incidence of 750,000 and a death rate of 45,000 deaths. Remember, this is using their data applied to the outrageously high figure of 50% of the population being infected -- that is, 150 million people.

If the infection rate is 6 percent, as all the studies have shown thus far, we see much smaller numbers.

Instead of 150 million infected we see 18 million infected. Using these more realistic figures we can estimate a hospitalization rate of 90,000 and a projected death incidence of 5436.

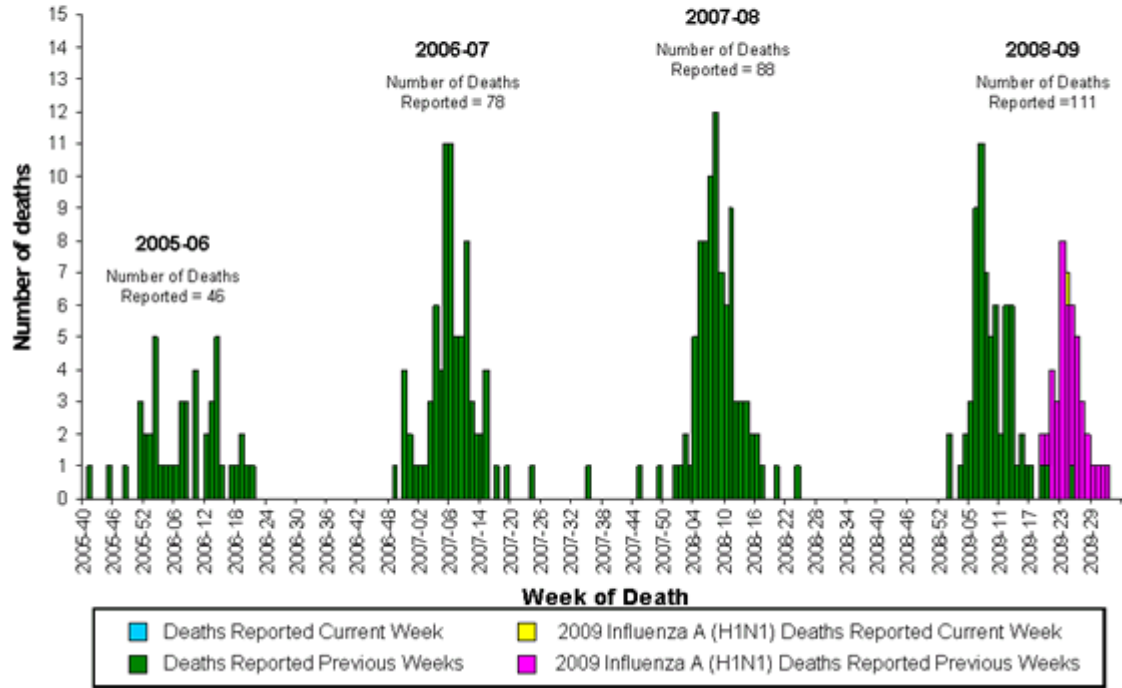
Again, it is important to keep in mind that the infections will be evolving and not all at once as both sets of figures seem to imply. If we spread this over several months and waves of the infection, we see that at any one time the hospitalizations will be a much smaller number, as will the deaths.

Thus far, there have been nationwide 2,000 hospitalizations a month and 99 deaths a month.

Certainly the hospitals in the United States can handle the increase. In the United States we have 5,759 hospitals containing 955,000 beds and 70,000 ICU beds. Most hospitalized people will not require intensive care. Most are suffering from dehydration and only required IV fluid infusion.

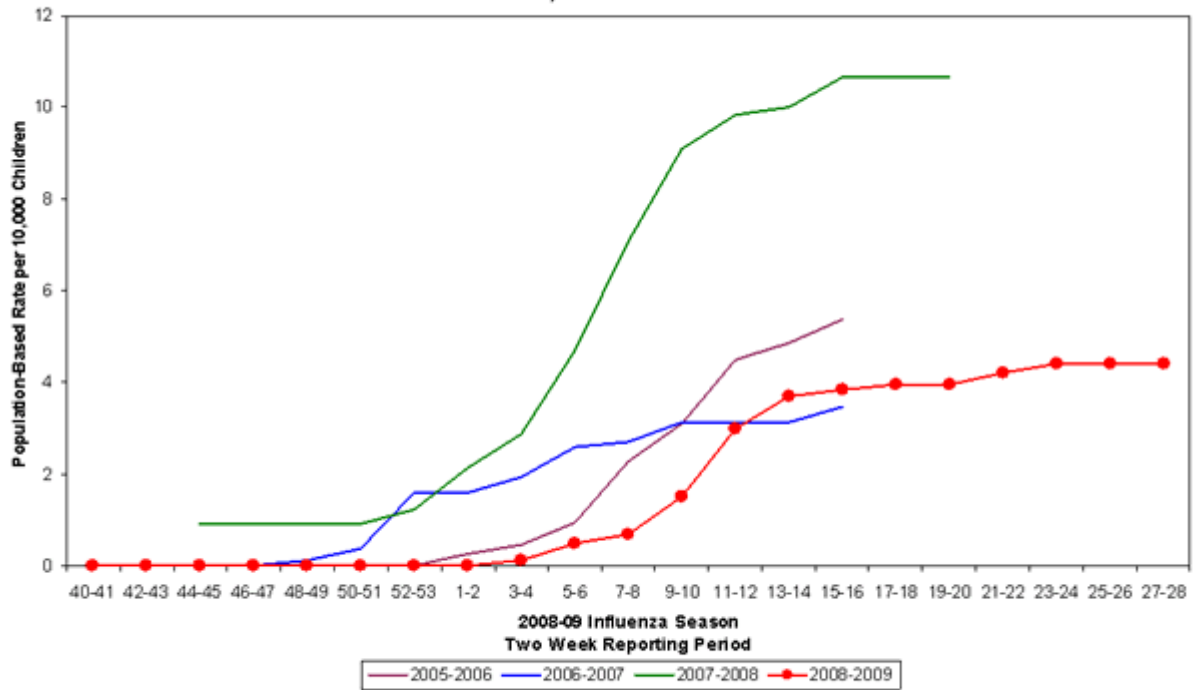
It should also be appreciated that most pediatric deaths and elderly deaths will occur early in the epidemic because the chronically ill and immune suppressed will become infected early. Therefore one would expect the deaths to rise initially and then fall as the infection spreads as we see from this graph:

## Number of Influenza-Associated Pediatric Deaths by Week of Death: 2005-06 season to present



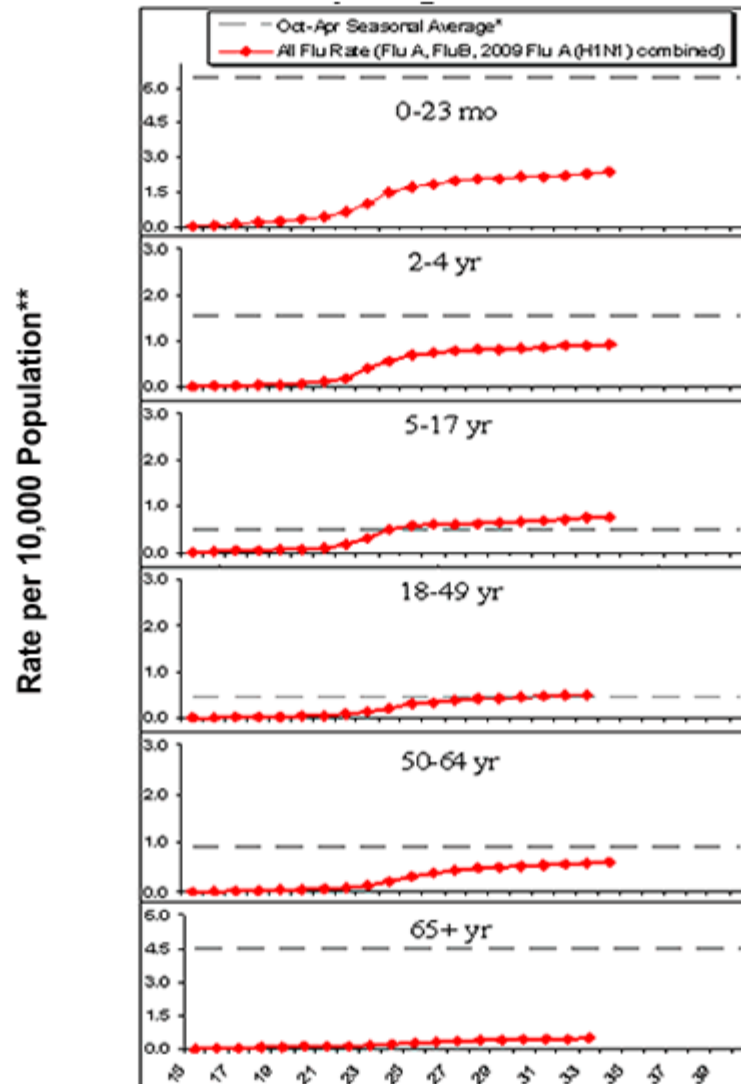
In this chart we see that the hospitalization rates are actually lower for the swine flu than in previous seasons.

NVSN Influenza Laboratory-Confirmed Cumulative Hospitalization Rates for Children 0 - 4 Years, 2008- 09 and Previous Three Seasons



In this graph we see that the hospitalization rates were either lower or barely above the seasonal flu admissions in the previous two years.

## EIP Influenza Laboratory-Confirmed Cumulative Hospitalization Rates, Spring/Summer 2009



We can see from the CDC's own data that the hospitalization rates and death rates are no higher, in fact they are significantly lower, than the previous two to three flu seasons.

It is obvious that the government is using "scare tactics" to promote vaccine use in the United States and that the pharmaceutical makers of vaccines are in bed with these officials.

The public should be outraged.

**Why Do Some Die From Such a Mild Virus?**

As stated by the virologists, this virus is no more a danger than the seasonal virus that visits each year and actually seems to be much weaker.

One may also note from the CDC's own data, the previous nonsense about 36,000 dying from the seasonal flu every year is pure fiction. We have had a little over 400 deaths nationwide over the past 5 months, nowhere near the 36,000 figure screamed from the airwaves and our TV sets, yet the public is in a state of panic.

So, why are some dying from this virus?

What is little understood by the general public is that the only reason people die from the flu is that they have either an immune suppressing chronic illness, such as diabetes, direct immune dysfunction, dietary deficiencies of critical immune-supporting nutrients, chronic pulmonary disease, heart disease or cancer.

Smoking powerfully suppresses immunity as well as damages lungs, and we know that smokers are much more likely to suffer complications and die than non-smokers.

Excess dietary omega-6 fats (corn, safflower, sunflower, soybean, peanut and canola oils) also severely weaken immunity. The EPA component of omega-3 oils also powerfully suppresses immunity.

A study by the CDC found that 32 percent of children dying from H1N1 flu had asthma, when the incidence of asthma in the general population was 8 percent. Two thirds of the children who died had neurological disorders, such as seizures and cerebral palsy.

So, the vast majority of children who are dying have one of a number of chronic health conditions, yet the media gives us the impression that perfectly healthy children are dying.

A recent study of why so many died during the 1918 flu pandemic found that most of the deaths were secondary to bacterial pneumonia and not the flu virus itself. In 1918 hospitals had little to offer a sick patient -- there were no antibiotics, other than sulfur drugs, no IV fluids and no respirators -- all they could offer was a warm bed and aspirin.

It was also disclosed that the number of flu-related deaths among children was lower this year than the previous two years.

### **What are the Virologists Saying?**

Virologists are scientists who study viruses -- their classification, their genetics, methods of spread and their ability to cause disease. No one knows more about this virus than the virologists.

The British science magazine, *The New Scientist*, recently polled 60 virologists to get their opinion. These are the results of specific questions:

### Will the virulent version of the virus appear?

- Extremely likely-----none
- Likely-----5
- A 50/50 chance----- 14
- Possible----- 38
- Not at all-----3

### What the virologists are doing personally

- Stock Tamiflu or Relinza-----14
- Stock above plus antibiotics----- 6
- Stock food, water and power source----5
- Get pneumococcal vaccine-----3
- Nothing----- 30
- Hand washing, mask, etc----- 3

Notice there was no mention of taking the swine flu vaccine.

Behind the push to vaccinate the entire population are the pharmaceutical makers of the vaccines, who are working in conjunction with the government to make the vaccine mandatory.

Homeland security and FEMA are pushing for forced vaccinations and the medical experts, virologists and epidemiologists are calling for calm and resorting to voluntary vaccination only. The former have links with the vaccine manufacturers via political contacts. A great deal of money will be made by the manufacturers, should forced vaccinations be mandated.

### Will This Vaccine Be Tested?

According to Anthony Fauci, director of the National Institutes of Allergy and Infectious Diseases, 5 tests are planned. It is not clear as to the use of the squalene adjuvants, ASO3 and MF-59.

Because of concerns raised, the FDA is now hedging. Independent studies of squalene used as a vaccine adjuvant indicates that it is associated with a very high incidence of autoimmune diseases, such as an MS-like neurological syndrome, rheumatoid joint disease and especially Lupus.

The developer of MF-59 is Chiron pharmaceuticals, which was purchased by Novartis pharmaceutical company, who will be the main supplier of the swine flu vaccine for the world. According to Dr. Fauci, testing in both children and adults will be without this adjuvant and he admits that we have no data on the safety in children. (See *Nature* Vol 460/30 July 2009, p 562 for the interview.)

There are 5 tests scheduled for safety before mass vaccinations will resume. I looked up on clinicaltrials.gov the actual studies being done. It is instructive to note that the only studies actually being done do not contain any adjuvant (the immune booster) either for babies or adults. Yet, when the mass vaccinations begin, the vaccines will have adjuvant added, possibly squalene.

The real irony here is that this is the same bait and switch game they played in the 1976 swine flu vaccine disaster.

They tested one vaccine and gave a different one during the mass vaccinations.

Here we go again. Over 500 people were paralyzed with Guillain Barre disorder. The incidence was much higher, because it was not a reportable disease. And over 300 people died, which is also a very low figure.

Dr. Fauci admits that they have no idea what will happen when they mix the three viruses from the vaccines together or when they are given sequentially. When he was asked if the results of the studies would be reviewed by the health authorities, he answered, "yes, except for those done by the Novartis company."

He justified this secrecy by saying that Novartis had a very advanced testing system, which was done "in-house" -- that is, in secrecy.

It is also important to appreciate that this vaccine has been fast-tracked, meaning that many of the usual safety precautions used to prevent contamination of the vaccines will be overlooked by the regulatory agencies.

According to a number of studies, vaccine contamination is widespread, with vaccines containing pestivirus, mycoplasma, viral fragments, DNA fragments and bacterial components, all of which can produce chronic systemic disorders, cancer, neurologic diseases and even slow brain degeneration.

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*The Following was composed by Dr. Russell Blaylock as a method to reduce autoimmune reactions to the flu vaccines only. Do not use this if you have the flu itself.*

*These are just general observations and not medical advice. You should work with your doctor for a specific program.*

### **Treatment for Toxic Vaccine Exposure**

1. Place a cold compress on the site of the injection immediately after the injection and continue this as often as possible for at least two days. If symptoms of fever, irritability, fatigue or flu-like symptoms reoccur -- continue the cold compresses until they abate. A cold shower or bath will also help.
2. Take fish oils -- I recommend the Norwegian fish oil made by Carlson Labs -- it has the correct balance of EPA and DHA to reduce the cytokine storm. The dose is one tablespoon a day -- if severe symptoms develop - - two tablespoons a day until well and then switch to one tablespoon a day. Children -- one teaspoon a day.
3. Curcumin, quercetin, ferulic acid and ellagic acid as a mixture -- the first two must be mixed with extravirgin olive in one teaspoon. Take the mix three times a day (500 mg of each)
4. Vitamin E (natural form) 400 IU a day (high in gamma-E)
5. Vitamin C 1000 mg four times a day
6. Astaxanthin 4 mg a day
7. Zinc 20 mg a day for one week then 5 mg a day
8. Avoid all immune stimulating supplements (mushroom extracts, whey protein) except beta-glucan -- it has been shown to reduce inflammation, microglial activation and has a reduced risk of aggravating autoimmunity, while increasing antiviral cellular immunity.
9. Take a multivitamin/mineral daily (one without iron -- Extend Core)
10. Magnesium citrate/malate 500 mg of elemental magnesium two capsules three times a day
11. Vitamin D3:
  1. All Children -- 5000 IU a day for two weeks after vaccine then 2000 IU a day thereafter
  2. Adults -- 20,000 IU a day after vaccine for two weeks then 10,000 IU a day thereafter
  3. Take 500 mg to 1000 mg of calcium citrate a day for adults and 250 mg a day for children under age 12 years.
12. Avoid all mercury-containing seafood
13. Avoid omega-6 oils (corn, safflower, sunflower, soybean, canola and peanut oils)
14. Blenderize parsley and celery and drink 8 ounces twice a day
15. Take Jatoba tea extract (add 20 drops in on cup of tea) one day before the vaccine and the twice a day thereafter. (you can get it at