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**COMMENTS ON THE H1N1 (SWINE) FLU PANDEMIC FROM A FUNCTIONAL
MEDICINE PERSPECTIVE**

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H1N1 is now present in the Ottawa area, and is expected to spread rapidly through the area. It is infectious from one day before the onset of symptoms for up to 7 to 10 days afterwards. It is expected that at least 80% of the influenza infections circulating this flu season will be H1N1, and only 20% seasonal influenza. Many people are panicking, and yet wondering whether they should line themselves and their children up to receive the H1N1 vaccine.

**DR. COOMBS CANNOT TELL YOU WHETHER OR NOT TO TAKE THE H1N1
FLU SHOT**

Everything in life has risks. There are risks to avoiding immunization, and there are risks to administering immunization. Even for patients I know well, I cannot state who should and who should not take the H1N1 vaccine, because it is up to the individual to decide which risks they want to take. I present here some information which I feel is not being well publicized, and this should be taken into consideration as each individual decides what to do during this present pandemic. I will say that, in general, **I would be more inclined to administer H1N1 immunization to those who have serious medical conditions that would make them more vulnerable to H1N1 flu, and to those who are extremely frightened by the H1N1 flu epidemic. On the other hand, for those who are already in a state of neural activation (like autistic children) we need to seriously consider possible adverse consequences of the shot. The H1N1 vaccine, especially with its squalene and thimerosal, is likely to increase neural activation, according to Dr. Russell Blaylock, a neurosurgeon who is alerting the public on this issue. For these children, I would be inclined to avoid the H1N1 shot, and rely upon the preventive measures outlined in this article.** Those who understand and follow sound health principles are also likely to do better in the long run relying on the preventive measures outlined here, rather than the vaccine. I suggest that those who do opt for the shot follow the instructions below for supplementation with Vitamin C beginning at least a few days before, and at least a few weeks after the shot is given. Vitamin C, in adequate dosage, will reduce the likelihood of an adverse immune response to vaccines.

**THERE IS WIDESPREAD HESITANCY ABOUT THE H1N1 FLU VACCINE –AND
THERE ARE REASONS FOR THIS**

A telephone poll conducted October 20-22, reported in the Ottawa Citizen, indicated that almost half of all Canadians were unwilling or very unlikely to get the H1N1 vaccine, mostly because of concerns related to safety of the vaccine. This is in spite of a lot of heavy promotion of the vaccine over the public media. Yes, there are some legitimate concerns about the vaccine that are being downplayed by the public health authorities, partly because of the haste needed to vaccinate the population as quickly as possible, and partly because public health policy steers a simple course of action that appears best for the population at large, and does not take into account biological individuality. Here are some of the concerns that have been raised:

1. The vaccines that have been tested are not the same vaccines you & your children will be given

The Canadian vaccine is being produced in Ste-Foy, Quebec, by GlaxoSmithKline under the trade name *Arepanrix*. Approval of the Canadian H1N1 vaccine was done on the basis of studies done in Belgium by GlaxoSmithKline in 130 people, using a mock vaccine with a different virus than that used in the present vaccine. Health Canada reviewed the manufacturing process, but not the actual vaccine that is now being produced. [This is the same scenario that happened in the 1976 swine flu vaccine disaster. They tested one vaccine and gave a different one during the mass vaccinations. The CDC had advance warning about concerns about neurological complications of the vaccine, but the warnings went unheeded. More people than were affected by the vaccine than by swine flu itself: over 500 people were paralyzed with Guillain Barre disorder, and over 300 people died before the vaccine was pulled off the market.]

2. There are concerns about adverse effects of the squalene adjuvant used in the vaccine.

Adjuvants are immune system stimulators that increase the immune response to a vaccine. The H1N1 vaccine contains an oil-based adjuvant primarily composed of squalene. This is the first time that a squalene adjuvant has been used in Canada. It has been evaluated by Health Canada during its review of the vaccine production process used by GSK in Europe, and is said by them to have no significant safety concerns in its use in approximately 45,000 people. However, more than two dozen peer-reviewed scientific papers from ten different laboratories throughout the U.S., Europe, Asia, and Australia have been published documenting the development of autoimmune disease in animals subjected to squalene-based adjuvants. According to Anthony Fauci, director of the National Institutes of Allergy and Infectious Diseases, testing in the United States in both children and adults has been without this adjuvant and he admits that we have no data on the safety of the adjuvant in children. (See Nature Vol 460/30 July 2009, p 562 for the interview.) [An adjuvant-free version of the vaccine will be available in Ontario for use in pregnant women and children between 6 months and 3 years of age.]

3. The vaccine contains thimerosal

The vaccine will have thimerosal (an ethylmercury salt) added to the vaccine as a preservative. The amount of thimerosal in each dose of vaccine is said by public health authorities to be safe, but their definition of safety is based on the principle of averages, and does not define risk for those who are particularly sensitive to mercury. Most physicians providing biomedical treatment for autism have definite concerns about the toxicity of ethyl mercury, especially in pregnant women and infants.

4. The H1N1 Vaccine has been fast-tracked

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, and neurological diseases. 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.

5. Some Previous Studies Suggest That Influenza Vaccine Is No Sure Fire Prevention

The vaccine is being promoted as though it were a clearly effective prevention for H1N1 influenza. Previous studies have shed doubt on the overall effectiveness of influenza vaccines in general:

Not in babies: In a review of more than 51 studies involving more than 294,000 children it was found there was “no evidence that injecting children 6-24 months of age with a flu shot was any more effective than placebo. In children over 2 yrs, it was only effective 33% of the time in preventing the flu.

Reference: Vaccines for preventing influenza in healthy children." The Cochrane Database of Systematic Reviews. 2 (2008).

Not in children with asthma: A study 800 children with asthma, where one half were vaccinated and the other half did not receive the influenza vaccine. The two groups were compared with respect to clinic visits, emergency department (ED) visits, and hospitalizations for asthma. **CONCLUSION:** This study failed to provide evidence that the influenza vaccine prevents pediatric asthma exacerbations.

Reference: “Effectiveness of influenza vaccine for the prevention of asthma exacerbations.” Christly, C. et al. Arch Dis Child. 2004 Aug;89(8):734-5.

Not in children with asthma (2): “The inactivated flu vaccine, Flumist, does not prevent influenza-related hospitalizations in children, especially the ones with asthma...In fact, children who get the flu vaccine are *more at risk for hospitalization* than children who do not get the vaccine.” **Reference:** The American Thoracic Society’s 105th International Conference, May 15-20, 2009, San Diego.

Not in adults: In a review of 48 reports including more than 66,000 adults, “Vaccination of healthy adults only reduced risk of influenza by 6% and reduced the number of missed work days by less than one day (0.16) days. It did not change the number of people needing to go to hospital or take time off work.” **Reference:** “Vaccines for preventing influenza in healthy adults." The Cochrane Database of Systematic Reviews. 1(2006).

Not in the Elderly: In a review of 64 studies in 98 flu seasons, for elderly living in nursing homes, flu shots were non-significant for preventing the flu. For elderly living in the community, vaccines were not (significantly) effective against influenza, ILI or pneumonia. **Reference:** “Vaccines for preventing influenza in the elderly.” The Cochrane Database of Systematic Reviews. 3(2006).

[N.B. –The Cochrane database is a highly respected, very conservative database]

6. There is Increasing Documentation for Hazards to Over-Immunization

There is evidence accumulating that our ‘one-size-fits-all’ mass immunization programs are causing damage to a much larger proportion of the population than we previously have realized. This is a concern that deals with the immunization program as a whole more than the question of a single H1N1 influenza shot, but the issue of over-immunization has to be kept in mind. The hazards of over-immunization are being recognized by veterinarians in cats, dogs, and horses, but are publically acknowledged by only a few physicians. Here are two who do raise the issue:

Dr. Russell Blaylock is a neurosurgeon who has written extensively on over-immunization and immune activation, and their association with autoimmune diseases, autism, and dementia. His website presents his concerns: <http://www.russellblaylockmd.com/>.

Dr. Andrew Moulden, a Canadian M.D. with extensive training in neuroscience, presents compelling evidence regarding a link between immunization, hyper-coagulability, and micro-vascular neurological damage (mini-strokes), and their association with neuro-developmental disorders in children (including autism, ADD, and learning disorders). Visit his web site, www.BrainGuardMD.com, for more information, including the DVD set called ‘*Tolerance Lost*’

REGARDLESS OF WHETHER YOU TAKE THE VACCINE OR NOT, YOU SHOULD BE ACTIVELY FOLLOWING THESE PREVENTIVE MEASURES

Little or no publicity is being given to simple preventive measures that can be taken to increase a person's resistance to the flu virus. None of measures outlined below can be considered a cure or as sure-fire prevention for H1N1, but collectively they can improve immunity and resistance to viral infection. For most people, undertaking as many of these measures as possible can make the difference between having a mild case of influenza and a serious infection. Some of these measures include:

Optimize vitamin D levels. This is probably the single most important and least expensive preventive action you can take to increase resistance to influenza. There is considerable variability in individual response to supplemental Vitamin D. Ideally, one would have their vitamin D level monitored to confirm the dosage of Vitamin D necessary to maintain optimal blood levels of Vitamin D. Dosage should be adjusted so that blood levels are between 50–80 ng/mL (U.S. units), or 125–200 nM/L (Canadian units) year-round. However, testing everyone at once is not feasible, and so in the absence of having blood levels to guide dosage, here are recommendations:

Adults: Though some adults with poor intestinal absorption need 5000 i.u. daily or more to maintain optimum Vitamin D levels, a safe adult winter dose of Vitamin D₃ is 3000 I.U. per day.

Children:

Breastfed children should receive 1000 I.U. per day, and bottle fed infants 1600 I.U. per day. Older children should receive 1000 I.U. per day per 25 lbs. weight, to a maximum of 3000 I.U. per day.

These doses can be reduced or eliminated when a person is spending time outside exposed to summer sun, without sun block.

Adults who have not been taking vitamin D coming down with flu like symptoms can take doses of 50,000 units a day for three days to treat the acute infection. For more information and scientific references on Vitamin D and influenza, see the Vitamin D Council's website: <http://www.vitaminCouncil.org/>. **N.B.-The information on this web site suggests that having adequate Vitamin D levels is more effective prevention than receiving an influenza vaccine.**

Optimize vitamin C levels. Vitamin C is also very important in maintaining adequate immune function. At the onset of an infection, increasing supplemental Vitamin C intake to 1000 mg. per year of age, up to a maximum of 10,000 mg. per day (or bowel tolerance, whichever comes first) can dramatically improve immune function. Ongoing preventive doses of Vitamin C for reducing likelihood of contracting flu would be half the therapeutic doses just listed. [Doses given are total daily dose, and should be spread over 2-4 doses over the day to reduce the likelihood of causing diarrhoea from excess Vitamin C.] For more detail, see my information sheet on the use of Vitamin C and bilberry in viral infections, which is also attached.

Avoid Sugar and Processed Foods. Sugar decreases the function of your immune system almost immediately, and careful avoidance of sugars, including hidden sugars is a major factor in maintaining optimum resistance to infection. Limit the amount of sugar (including hidden sugars) that you take in to no more than one teaspoon daily (the amount Canadians used back in 1840).

Get Enough Rest. If your body is overly fatigued it will be harder for you to fight the flu. Do your best to get adequate sleep on a regular basis.

Use Effective Tools to Address Stress. Stress is a part of normal daily life, but when it becomes overwhelming the body is less able to fight off the flu and other illness. Do what you can to reduce your total stress load.

Fight fear: Keep the statistics for influenza in perspective.

Fear, and ‘epidemic panic’ are also factors in reducing immunity in the general population, and current publicity over each death resulting from H1N1 is definitely contributing to this. It is interesting that years ago, Gandhi’s physician stated that, ‘More people die of fear of smallpox than smallpox’. This is an interesting concept, one that parallels what has been well documented with emotions and cancer (another illness involving severe immune dysfunction). With this in mind, it is best to keep the statistics regarding influenza in perspective. In spite of all the publicity about the H1N1 influenza, thus far it has not been associated with more deaths than the seasonal influenza strains that have circulated the world in the past few decades. Most patients hospitalized with H1N1 influenza have had underlying medical conditions, including severe asthma and other chronic lung diseases, chronic heart disease, severe obesity, blood disorders, and immunosuppressive disorders. There have always been deaths associated with influenza, and though each death is a tragedy, the present risk of death from H1N1 is very small. I feel the risk is diminished even more by following these basic preventive measures, regardless of whether you take the vaccine or not.

Keep physically fit. Regular exercise and physical fitness improve circulation and immune function. [On the other hand, exercise to the point of exhaustion can lower immunity, and should be avoided.]

Take a Good Source of Omega-3 Oils. Increase your intake omega-3 found in cod liver oil or krill oil, which have EPA and DHA fatty acids in appropriate balance. (Adult dose is one tablespoon daily during flu season.) It is also important to avoid fats that are damaged in food processing and overheating (including trans fats), as these impair the immune response.

Wash Your Hands. Washing your hands will decrease your likelihood of spreading a virus to your nose, mouth or other people. A simple chemical-free soap is adequate for the purpose, and this is preferable to excessive use of alcohol-containing hand sanitizers.

Use Biological Immune Enhancers. Biological antimicrobials include products such as oil of oregano and garlic, and biological immune enhancers include astragalus and echinacea [The latter two are combined in products like *Natural Factors’ Echinamide Anti-Viral*]. None of these can be promoted as a ‘cure’ for influenza, but they may be helpful in reducing the severity of an infection.

Homeopathics.

There are homeopathic preparations claimed to reduce frequency and severity of influenza infections, including *Influenzinum* and *Oscilloccinum* from the Boiron Group Laboratories. The remedies are popular, but I am not aware of any scientific studies that have demonstrated that they have significant effectiveness. These remedies certainly won’t hurt anyone, but I would not recommend relying on them as a sole preventive measure...