

Swine flu: An overview

The hype

The flu virus commonly referred to as 'H1N1 swine flu', is in fact a hybrid of DNA from pigs, humans and birds, and was first identified in Mexico back in April 2009. Since then, it has rapidly spread to most parts of the world and in June 2009, the World Health Organisation (WHO) declared the outbreak to be a 'pandemic'. In its current form, individuals infected with the H1N1 swine flu virus usually experience only mild symptoms. However, there have been fatalities (usually caused by an existing underlying medical condition), and it is predicted that by the autumn, this virus will have mutated into a far more virulent form of its current self, resulting in deaths on a scale comparable to the infamous 1918 Spanish flu outbreak. Governments worldwide are desperately trying to demonstrate that they have the matter in hand, so booklets and fact sheets advising people how to react if they suspect they have flu have been widely distributed at considerable cost, and vast stores of retroviral drugs have been stockpiled. Elsewhere, in an attempt to slow down the spread of the virus, airline passengers exhibiting flu-like symptoms have found themselves quarantined and, closer to home, schools have been closed. The media have been having a field day, and it is becoming increasingly difficult to see through all the hype in order to differentiate between fact and fiction. It is interesting to note that, despite all the scaremongering, most people here in the UK appear to be fairly relaxed about the prospect of an epidemic. Maybe this is because we have already been through two major flu scares in the past decade, avian flu and SARS, neither of which developed into the devastating killer

originally predicted, so perhaps the general public are unconvinced that H1N1 will be any different.

The vaccine

Now the race is on to develop a vaccine for H1N1 swine flu. Both Novartis Pharmaceuticals of Basel, Switzerland, and Baxter Pharmaceuticals, USA, have reached agreement with the WHO and been given the go ahead to produce a pandemic vaccine. GlaxoSmithKline is also in the running, and has already taken massive orders to supply the UK market. It appears that Novartis will be first to release its vaccine for general distribution. This has led to some speculation as to how come Novartis had already applied for a patent to develop a 'split influenza vaccine with adjuvants' (in vaccine development, an 'adjuvant' is an immunological agent introduced in order to increase the recipients' antigenic response) in 2005? Furthermore, was it an extraordinary coincidence that the requested patent was granted in February 2009, just two months before swine flu became manifest? It has also been noted that the current swine flu outbreak is actually a split influenza virus consisting of a strain of bird flu (H5N1) plus swine flu (H1N1) plus multiple strains of human flu (H3N2). In the 30 April 2009 issue of *Nature*, flu virologist Robert Webster was quoted as saying; 'Where the hell it (swine flu) got all these genes from we don't know.' This begs the question, is the 'compound' flu virus simply a quirk of nature, or is it the result of a laboratory accident, or is there some other explanation? It will probably be many years before we know the full facts relating to this flu outbreak, but history can tell us of the dangers associated with a hastily compiled flu vaccine.

The Guillain-Barré disaster

In February 1976 an outbreak of swine flu in the US Army base of Fort Dix, left one 19-year-old private dead, and hundreds of otherwise fit, healthy soldiers, infected. Concerned that a devastating epidemic was about to sweep across the US, President Gerald Ford instigated a mass vaccination programme costing over \$135 million, equivalent to nearly \$500 million in today's currency values. By October a vaccine had been developed and the inoculation programme commenced. The result was a disaster, with large numbers of vaccinated individuals experiencing serious, even fatal side effects.



Swine flu has rapidly spread to most parts of the world

Within three weeks of the vaccine's launch, 41 vaccination-associated deaths were recorded. One of the more notorious adverse reactions was Guillain-Barré syndrome, a paralysing neuromuscular disease, which affected about 500 individuals and caused 25 deaths. The US government was forced to withdraw its National Influenza Immunisation Programme in December 1976, by which time an estimated 40 million US citizens had been vaccinated to supposedly protect them against a virus which had in reality caused just one recorded fatality. The swine flu epidemic itself failed to materialise, but the vaccine was linked to 52 deaths, more than 500 hospitalisations, and compensation claims of over \$1.7 billion in a wave of litigation. Following this fiasco, US litigation laws were changed to ensure that vaccine

manufacturers would be immune from compensation claims in future.

Squalenes

Novartis has recently taken over the Chiron Corporation, an organisation which manufactures the deadly anthrax vaccine, and uses an immune adjuvant called MF-59 to maximise antigen response. MF-59 contains a squalene, a naturally occurring hydrocarbon most frequently extracted from sharks' livers which, when injected into the body, stimulates a heightened immune response and dramatically reduces the amount of viral antigen required. Squalenes are associated with Gulf War Syndrome, and can cause devastating autoimmune disorders, including rheumatoid arthritis, multiple sclerosis, transverse myelitis, endocarditis and lupus. It seems that injected squalenes can activate such an extreme hyperimmune response, that irreversible autoimmune disorders result. Currently, the squalene adjuvant Novartis favours for inclusion in their swine flu vaccine is MF-59! Even if a different adjuvant is used, it will contain a squalene, a substance proven to constitute a significant risk to public health. The first recipients of this potentially dangerous vaccine will be children. In the US, it is estimated that one hundred children die of seasonal flu each year. Swine flu in its current form poses a similar health risk to seasonal flu, so it would be reasonable to assume one hundred children might die of swine flu. The proposed immunisation programme will target millions of children, and if the vaccine stimulates adverse reaction on a scale similar to the 1976 fiasco, more children are likely to die as a result of the vaccination than of swine flu itself, and countless others will be left permanently damaged. The adult population will also be at risk from the vaccine, which is being fast tracked in order to be in circulation by the autumn, so even basic safety and testing

procedures are being waived. Does this mean that an untried and untested vaccine, produced to prevent a swine flu epidemic which may never happen, is destined to create a modern medical disaster?

Homeopathy's role

In its current form, swine flu appears to be no more dangerous than seasonal flu, a disease which is expected to account for hundreds of thousands of deaths worldwide each year, yet doesn't generate the level of paranoia associated with swine flu. As homeopaths, we have no need to differentiate between the different strains of flu. We approach an individual suffering from swine flu in the same manner as someone afflicted with seasonal flu. Our primary focus is to identify the patient's symptoms, then make an individualised prescription. Homeopathy's success at treating the Spanish flu outbreak of 1918 is well documented, especially in the US. The medical records of hospitals across the country consistently show a mortality rate of above 28% in sufferers treated allopathically, as opposed to a mortality rate of just over 1% of those treated with homeopathy. A more detailed account of homeopathy's efficacy in treating the Spanish flu outbreak in the US, is documented in a report to the Journal of the American Institute of Homeopathy, entitled '*Homeopathy in Influenza – A Chorus of Fifty*

in Harmony (1921)', by WA Dewey, MD. It appears that the two most frequently prescribed remedies during this epidemic were *Gelsemium* and *Bryonia*.

Preparing ourselves

A report issued on 06 August 2009 suggests swine flu infection rates in the UK are in decline. However, if we do find ourselves in the midst of a swine flu epidemic this autumn, many of us will be ill prepared to deal with the potential work load, so we will need to collaborate with each other and share information in order to identify a 'genus epidemicus' as quickly as possible. It is unlikely that we will have the time to take a detailed case history of every sufferer; so therapeutic prescribing will become as important as constitutional prescribing. We will have to learn our frequently encountered remedies inside out, so that they can be instantly recognised and differentiated from other similar remedies. Good record keeping will be essential in order to track the development of the disease, and provide us with an evidence base for future reference. A nosode of the flu strain, when available, should help to improve an individual's resistance to infection so can be used as a prophylaxis, and may also serve as a useful intercurrent remedy. It is too early to predict which remedies are going to prove the most successful at relieving swine flu symptoms

(apart from the usual flu and fever remedies), but a combination of *Arsenicum*, *Baptisia*, *Pyrogen* and *Oscillocochinum*, all in a 200C, appears to have been effective in helping some cases to date. We know that homeopathy provides us with a powerful means to substantially influence public health in a beneficial manner.

Whatever flu strain eventually manifests, as homeopaths we can be confident that we have the tools at our disposal to offer our patients a gentle, safe and effective treatment option.
Karin Mont MARH

Independent Safeguarding Authority (ISA)

New legislation causes widespread confusion

It appears that the Government is about to introduce new legislation that may affect homeopaths in practice, and it has set up yet another quango in order to oversee its implementation. Many ARH members have been in receipt of a letter from the Independent Safeguarding Authority (ISA), informing them of a new scheme called the Vetting and Barring Scheme (VBS), due to be introduced in October 2009. This scheme supposedly protects children and vulnerable adults from coming in contact with unsuitable people. ISA has been set up in order to create a register of self-employed individuals who work with children and vulnerable adults, and by November 2010 it appears that registration will become compulsory, with prosecution and even imprisonment being threatened for those who fail to comply. Registration with ISA will cost £64, and will be valid for life. It is an initiative sponsored by the Home Office and is entirely separate from being checked by the Criminal Records Bureau (CRB).