



May 4th, 2009 Update

Man Bites Dog!

This is going to be a short update. In general, things are progressing much the way I had predicted:

1. The flu is spreading as predicted.
2. The number of people dying from it is small, because despite the fear and worry pervading the situation, the degree of lethality of the epidemic had been overstated and overestimated. In fact, the high level of alert and predictions of danger were not justified by the actual data.
3. As I mentioned before, I believe we will find that either there was a unique subpopulation that experienced higher morbidity rates from the influenza infection, and/or there was a secondary infection that ultimately caused some who had the flu to die. As you recall, the second explanation was the one I favored, and still do. Towards that end I would like to share with you an email I received. It is one of many and is now beginning to be reflected in the newspapers as well.

Dear Paul,

...Today an American friend who lives in Mexico City related an interesting but sad story. Last December his Mexican girlfriend developed a severe cough. She works for a health organization in a poverty stricken area of Mexico City and had access to their respiratory clinic. When he drove to the clinic he discovered 500 people waiting in line at this tiny clinic with two doctors all of whom were coughing loudly and productively and who appeared to be gravely ill. He received the full force of several unprotected coughs from various people right in his face. Within 3 days he developed a very severe flu which kept him down for eight days. His girl friend received antibiotics and was supervised by a pulmonary specialist; she recovered well but it took her a few weeks to recuperate.

He explained that since that time, hundreds of people were in the hospitals throughout Mexico City with severe productive coughs and debilitating flu.

It was only in April that the government took steps to curtail the problem by closing schools, theatres, museums, stores, etc., and that the country simply was not equipped to provide medical care for such large numbers of people.

The last week in April he flew from Mexico City to Southern California on a plane filled with German tourists who had just completed their travels in Mexico. Everyone on the plane was coughing and expectorating.....and we can only guess what that plane actually carried to Frankfurt. Fortunately he felt fine and believes that he is now immune to the Swine Flu.

Sincerely....”

4. If the report above is correct, then it seems as though I might have been correct on the other piece as well, the percent lethality. It is conceivable that the percent of people who died from this flu may not be different than those who succumb to the annual flu, give or take a few percentage points, and that it is just a serious lack of inclusive reporting that led to the alarming percents projected. In other words, the lethality percentage has been reported as high simply because they have failed to accurately test a potentially large portion of the flu-suffering population.
5. It does not seem as though the virus has become more lethal over the time during this epidemic, but rather has either stayed at a low level or gotten weaker, as predicted.
6. The public response also went as I predicted, in terms of quickly moving from panic leading to some extreme behaviors and then fairly rapidly to complacency.

I have to share a little anecdote here. I was just on an airplane coming home from Portland, Oregon, watching the different folks with their masks on, greet their loved ones, with masks on as well. I got on the airplane. In front of me was a youngster, who was telling his mom how excited he was that it was his first plane ride, etc. As it turns out, he was sitting just to the side of me, window seat. The plane taxied, and finally took off. Well...was he excited. He was so thrilled, telling his mom this observation and that. About 1 hour into the trip, he was not even looking out the window any more. He was plugged into the DVD player. That's how long it lasted. The thousands of years of wonderment and genius, of sacrifice and luck, finally culminating in the miracle of flight; and it captures the imagination of the child for *one hour*. The reason I am sharing this anecdote is that, to one extent or another, we are all that child. In short, our brains are designed to capture information and then to

let it go, to put it aside. It is no different with an influenza panic. Bad things are in the news, and people panic. However, if it does not materialize, then it is gone as if it never happened. It is, in fact, a self protective mechanism.

So far, so good. Now here is the part that I want to focus on, which is the part that frightens me. I need to explain this carefully because the science and the press are not getting the importance of this yet, not even taking up this point. As we have discussed over the past decade, there are several ‘gates’, if you will, that the bug has to pass through to become the flu of a pandemic. The next to the next to the last gate just opened, which is this: Some person had a human flu and at the same time was exposed to the pig or bird that had a bird or pig flu. Those flu strains took the opportunity to exchange materials, which is what I wrote about in the 1990’s, which is described as a shift of material. The part that shifted now makes the ‘human’ flu not just human but it also carries a bit of the pig flu in it, a hybrid of sort. That is bad, but not itself cause for fear. The next to the last gate is that the part that shifted had to not harm the virus itself. The vigor and vitality of the virus had to withstand that change. Most importantly the virus had to not become diminished in its ability to transmit, grow, and pass on. It had to be able to pass from one person to the next, without losing vigor or strength. Note that I am using the word vigor on purpose here. It is actually strength, in the anthropomorphic sense, that I am referring to. It is not just virulence but more. It had to be able to be transmitted and in the transmission process retain its virulence.

I have to give a good example here. As you know since 1997 we have been dealing with the avian flu. The avian flu is much more deadly, **MUCH MORE DEADLY**, than what we are seeing here. The percent of people who die from that flu is much higher, currently around 61% of reported cases. However, what we see in that situation is just any one particular person catching the flu that the bird had, and becoming sick from that. In other words, the flu of the bird did not intermix with a human flu, and as a result, and this has been a lucky break, the ability of the flu to pass from human to human is negligible. It is only because these two gates, referred to above, have not been gone through, that the deadly potential of avian flu has been thus far limited.

Back to the current flu epidemic: It turns out that in the current epidemic, this next to last gate has been opened, meaning that not only has the flu virus of the pig entered into our ‘human’ virus, but that the virus is still able to transmit human to human easily enough.

Now to discuss the last gate, the one that, fortunately, has yet to be reached. This is the one that has been missed by the medical community and the media, and is related to why I think we are not yet at the most dangerous point. The most important question to ask is what part of the swine flu virus or bird virus got introduced into our human virus. In other words it cannot be just any part, but has to be a lethal part of that virus. OK here we go with an analogy. There have been for the last few years a

brand new set of cars that are referred to as hybrid electric vehicles or hybrids for short, meaning that they use 2 sources of fuel or two types of engines. Now if I were to exchange pieces of 2 cars, a conventional car and a hybrid car, what do you suppose would happen to my conventional car if I took the paint job from the hybrid, or the logo, or the bumper, or the seat. These exchanges do not turn my car into a hybrid. What turns my car into a hybrid in an important sense is the exchange of engines, or fuel sources. It is the same with the flu and what shifted between these flu strains. Yes there was an exchange, and yes the new exchanged bug is easily transmitted from person to person. However, what got exchanged does not seem to be the most dangerous, lethal aspect of the virus to humans. That was easy to see from the start, as the death rates were diminishing rather than growing. That is why I felt strongly about where we were, and why the progression has made sense. I know I am repeating myself from a previous posting, but I think it is important so that the next parts make sense.

It turns out that the newspapers are reporting that some pigs just got the flu from a person. Well...this 'man bites dog' article is predictable from the point of view of what we were just discussing. Now that the gate is open we are able to share information between these two strains more easily. Another analogy, the last one, I promise. Take a bottle and fill it half way with water. Now, take oil and add it to the other half so that the bottle is nearly full. Notice that the 2 liquids do not mix macroscopically. The oil is hydrophobic and repels the water from mixing. Now, add soap and all of the sudden the molecules can mix, at least on the visual level. The soap has opened that gate and allows for the mixing. That 'soap effect' is what has just occurred with the flu; this epidemic has, in this sense, potentiated the further mixing of human and swine flu strains. Now here is where pure chance comes into play, which is where it really gets scary.

It is possible that the flu will just die down, that the summer heat and moisture will put it in quiescence as it does every year. If we are lucky, then the next flu cycle that begins in the fall will not contain the swine part integrated during this epidemic. That would truly be dodging the bullet (oops, I said no more analogies). I would really love for that 'soap effect' to be cut out of the equation, at least for the time being. Another potential positive outcome, one related to this possibility, is that the integrated part of the swine flu becomes a permanent addition to the human flu strain, but one that closes that pig/human channel. *In this scenario, it becomes an incidental finding on the flu, and if you go back you may find that similar events have happened throughout history, without consequence. It becomes both weaker and at the same time closes the link to the flu that pigs get.* (Mind you, I am skipping the evolutionary biology theory of how these shifts occur, mostly because it is too technical for here and now, and because while I agree with some of it, I believe that they are missing a bit of the picture as well. If you wish to read about it, look up trade-off evolutionary paradigm in the development or loss of virulence).

A worst case scenario, on the other hand, is that the swine flu part stays in the human flu and keeps the channel open with pigs/birds. If that is the case then we are forever stuck playing Russian roulette (oops, again) with the flu, just waiting for the final gate to be passed. Here is the problem; the virus constantly changes, in fact it evolves. That is normal, look at your kids and see how while they are similar to you, they are not exactly the same as you. There are constant changes to the virus. In effect, that is one of the reasons why the vaccine changes every year. Now if the virus changes constantly, which is called a genetic 'drift', then sooner or later we may be seeing actual lethal parts develop. Likewise, if the lethal part of the avian flu becomes intertwined with our flu, then it really is dangerous for us.

That has not happened. I repeat, that has not happened, so do not panic.

Nevertheless, the possibility is there, and it is very real. So here is the prediction of what I think is going to happen next. Since the death rate is not climbing in a scary fashion, people are going to be very much like that child on the airplane and go back to their normal lives, putting this 'annoying' incident behind them. Meanwhile, under the limelight and in private, the public health authorities, governments, and scientists are going to be preparing for what the real threat is, which is that the pig part stays, and drifts or otherwise allows for the lethal part to enter. So while we might see a slow summer, expect high anxiety within the science and public health community in the fall. Me too; I am thinking of picking up the habit of biting my nails.

What needs to be done in the homeopathic community?

The things I am going to state below should seem quite straightforward if homeopathy is to take its rightful place as a scientific medical endeavor.

1. We need to see if homeopathy helps treat people with the flu. I know this sounds ridiculous if you are a homeopath, but the fact is that there are no good clinical trials to demonstrate that this is true in any broad sense. We had produced a review paper that details the history of influenza trials in homeopathy, which makes this point.
2. We need the homeopathic community to actually take steps to develop a cooperative infrastructure that can aid in the treatment of flu in epidemics. I have to say that there is a great deal of talk, talk, talk, but actually no one is doing anything about the actual homeopathy side of this. So let me start with the fact that the past is often a good predictor of the future. If you go through the homeopathic literature during the major epidemic of influenza in the heyday of homeopathy, what you find is a few articles here and there, and mostly all after the event. Many articles refer to how one 'might' want to treat influenza with different remedies. Or how homeopathy has treated people in the past. Or the glory of this or that time. What you do not get are notices saying that this is the

genus epidemicus, these are the symptoms, and this is what you should be doing. Rather, you get assorted articles after the fact that say things like that, but nothing on a scale that met the reality of the calamity of the time. I believe we are dealing with the same situation now. Organizations are talking about this or that, but there is no real action taking place. Instead, there is fear of saying the wrong thing, fear of being in a leadership position and acting incorrectly. Homeopathy flourished most, expanded most, when Hahnemann stated very clearly that we can treat epidemics and that this is how we are going to do it. We know the remedy for the *genus epidemicus*, as it has been since December, though yes it is changing. We know the symptoms that led to the prescription, and we know how to dose the remedy. Yet despite this clarity, in place of action there is silence or worse, throwing up what this or that person says just from theory, just because they are saying it. This lack of leadership where it counts will allow homeopathy to linger on the sidelines instead of becoming the important public health tool for which it has so much potential. The homeopathic organizations have to help disseminate correct information and stop being scared. Their fear is what sidelined homeopathy in the teens and therefore it never grew, a scenario that will readily repeat itself.

3. Homeopathy/WHO/CDC. As I have mentioned since this epidemic scare began, I have called CDC and public health departments to ask about the specific symptoms patients with the flu are experiencing. I had made those calls in December and January, while working on the flu trial that we were conducting. The answers are always the same. In short, they capture the bare number of common symptoms that will allow them to make the diagnosis or the presumptive diagnosis, to be confirmed by lab tests. This has to change, and change quickly. I believe we were the only people who were tracking the flu for months this winter (as we have since '91), and we captured a large set of symptoms that demonstrated how people expressed the flu. When this 'new' swine flu emerged, many of the symptoms stayed the same, yet some new ones emerged as well. We saw a new gene expression that presented via the symptoms being expressed. Mind you, at this same time the CDC is still reporting only the common symptoms of the flu, despite this clear clinical change. We have the tools to get rid of this fog, and we have a methodology that can help public health monitoring systems.
4. Public health tools. We need to develop tools that will allow someone to quickly and efficiently know which remedy to prescribe. That tool has to both work correctly and be easily applied without specific medical training. This is easier said than done. For one thing, the tool is very hard to develop, though the *Genus Epidemicus* tool for *Nux vomica* I developed is proof that it is possible. In addition, it has to somehow stand out from other 'suggestions' that haven't gone through a rigorous level of verification with patients and outcomes.

If we do these things now, then when the fall influenza season comes, we will be able to add substantially to the benefit of public health.

The goal in constructing the Herscu Laboratory Influenza Center Website (www.hersculaboratoryflu.org) this week was to create a repository of information where folks can go during epidemic outbreaks to get “real time” advice on what to do in that moment. It also serves as a place for me to publish several hundred pages of all my past and current work on epidemics, so that between outbreaks we can begin to build a useful and relevant body of knowledge and understanding of how homeopathy can be used in treating epidemics.

To that end, I have also outlined very specific projects that I wish to undertake that reflect the above list of what needs to be done in the homeopathic community, as the time for “talk” is over. Please visit www.hersculaboratoryflu.org/funding.html for details on these projects and the funding needed to make them a reality.

What you can do right now is share this information with anyone that is interested. Please also take time yourself to read everything on this website, as the more educated we all are on this topic, the better. Attached to the tabs of the site are several hundred pages of my writing over the past two decades on the topic. Do also check back to this website regularly, as we will continue to publish additional information on current epidemics, the results of our on-going flu studies, and suggestions of what you can do to help when/if necessary.

We are all in this together, and it is time that we all work together towards sustainable and sharable solutions.

Until next time,

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