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# RAWHIDE HEALTH – MEDICINE IN A BETTER WAY

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## ***Who's Got the Flu?***

*Disclaimer: A little influenza knowledge. I have no magic cure for influenza by Dr. Dale J. Ross, M.D.*

The close winter months brings about a time of year the flu bug makes its rounds. Man is assaulted by many viral contagions all through the year, but influenza is the “go to” inference when we wish to explain just how bad we had it. Not that I wish to burst anyone’s bubble, but influenza causes somewhere around only 5-15% of all cold syndromes as best can be estimated in a given year. The high majority of all viral infections, 85-95%, are caused by the more common rhinoviruses, coronaviruses, adenovirus, parainfluenza virus, and others. Influenza can have many presenting symptoms, variable for each individual, though in the office or ER I expect to see high spiking fevers, significantly elevated heart rate such as sustained above 100 beats per minute, and a general feeling of profound muscle/body aches and malaise. The general impression when I first walk into a room to evaluate an influenza patient is that they came in, or were helped in, immediately after being bounced off of or run over by a Mack truck. Aches, chills, fever, cough in and of themselves are commonplace. Many common colds will beat you up and wring you out. Influenza is one of the worst, but there is a bright spot in this.

The good news is that Influenza generally lasts just 2-5 days for acute symptomatology. If you have had it for a week or more, it is likely something else or even two separate infections. We all hope our cold bug is just a 24 hour one when we do get a cold, but common cold symptoms more regularly build for up to 7 to 10 days of acute symptoms and may have a prolonged recovery time of 2-3 weeks with dry nagging cough even once the aches and chills have subsided. That then says that although a “common cold” (non-influenza virus) is often less severe at its worst, you may be dealing with its effects for quite a bit longer.

Naturally, we would all like to avoid influenza as well as all colds, but we can’t help but be nice, shake hands, talk to people, touch door handles, and exist in a world full of viral demons awaiting your nice warm body to cozy up to and begin a swinging party of wild proliferation. We can look to do what is possible to strengthen our immune systems like eating healthy, exercising regularly before we get sick, don’t smoke, control chronic diseases like diabetes. We can try and avoid having too many sick, sneezing, coughing, wheezing, feverish friends or family members hack right onto us. Sometimes it can’t be helped, but really we can only try and limit it. We also need to be aware of stressors in our lives and how we cope with these problems. This can have a big impact on what our immune system is capable of, what we will be susceptible to, and how well we bounce back.

Influenza requires supportive care if you do get it. Hydration is paramount, simple enriching foods as you are able, rest, and time. Zinc and vitamin C have been shown helpful for viral syndromes as have several herbal compounds. The only influenza specific treatments created have been studied and show limited benefits, but it is what the medical establishment has so it is often what is offered. Understanding what these treatments are is important though. They have only the possibility of decreasing symptom duration by up to 24 hours, if started within 24 to possibly 48 hours after initial symptoms. They have not shown any

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benefit beyond that; it is not like antibiotics for a known bacterial pneumonia. So, if it is absolutely influenza and you start treatment very early (before symptoms have peaked), you may be able to have three more days of symptoms rather than four. That is the best medicine has to offer if you do not require hospitalization and intravenous fluid support, which is still just rest and water, but in a more intense way. If you need more intense, you need more intense. I prefer to try and be aggressive in the supportive care realm at the outset to hopefully avoid “intense” help. A little knowledge can be helpful to understand this and that is what this article is about; a little knowledge.

Of note, influenza historically undergoes a substantial antigenic shift, a reassortment in its genetic makeup, every so often. Throughout the last century this happened pretty regularly every ten years, until the '80s. The 1980s and 1990s did not get their usual pandemic/epidemic. It occurred in '33, '46, '57, '68, and '77. Some were so severe as to live in history, the Spanish Flu of 1918, the Asian Flu in 1957, and the Hong Kong Flu in 1968. We had our most recent challenge after a 30 year hiatus – the 2009 novel H1N1 strain.

Generally, influenza hits the very young (infants) and the elderly the hardest. The pandemic of 1977 was noted to be different in that it affected young adults more than the usual target population. This was found to be because this robust H1N1 strain had high similarity to the strains that caused the 1918 and 1957 epidemics/pandemics. The young adults of 1977 had not been exposed to this particular strain. The last significant outbreak was 20 years before. Older adults had already been exposed and were able to show better immunity to it because of this. Enter 2009, the H1N1 strain re-emerges and we call it novel, ~30 years later. It again has much greater efficacy in the young adult population than the elderly and great similarity to the 1977 strain. The take home: natural infection may not prevent all infections but it has been shown to have a significant impact on improving response and outcome. The converse of this is important for evaluating the proper role of getting an annual “flu shot.”

The man-created influenza vaccine does not have great legs. It only lasts about 4 months. It provides no long term benefit that has been identified; it has no measureable benefit after one year or even really after six months from what we can tell. Also, it is shown to be only partially effective; it only helps around 30% of those who get the shot keep from getting influenza and does nothing for all of the other viruses. This is not to say that no-one should get it, but understanding what the “flu shot” can and cannot do is helpful. Traditionally, it was offered in November so that December, January, and February will have the most coverage. This creates the caution on getting the shot too early. If you get the shot in September, it has weakened significantly in 4 months - January and peak flu season. Influenza outbreaks can start earlier and run later, but the deep winter months are usually the peak; consider what is best for you.

I encourage people to evaluate their risks and exposures, understand what role their own choices play in their long-term health, make some good common-sense “grandma-taught-me” choices in taking care of themselves when they do get down, and ponder words of wisdom from a traveling bard:

*“I got sugar in my candy and I got sugar in my soup. I’m gettin’ fat from the candy and sick from the soup.”*  
(Roger Miller; *Lou’s Got the Flu*; 1964). Too often we overdo what is not good for us and do not take stock and best advantage of what can help.