

A composite Ayurvedic perspective on Flu

offered by Varadaan

Flu, or influenza infection, is a particularly interesting opportunity to explore the intersection of two related, but rather different, approaches to medicine. Because we rest within the context of Western Culture, in a sense our starting place is the perspective of Western Science, and thus Western or allopathic, medicine. But this is an article about an Ayurvedic approach to Flu, so actually, the author is working from an Ayurvedic perspective, resting within the Western framework. How does this work, or how should we begin?

Well first of all, we can start by exploring the main theoretical frameworks of these two medical systems, which incidentally share pretty much the same scheme of specializations or departments: Internal Medicine, Surgery, ENT/Ophthalmology, Toxicology, Pediatrics, Gerontology, Aphrodesiacs and Psychology (from Ayurveda, going back thousands of years). This is no accident: Ayurveda is probably the origin of much of early Western Medicine, and the 'humor' system that was discredited some 150 years ago, failed largely because it was not properly translated from Ayurveda. Baby. Bathwater. But here we are, in the 21st century we can keep our eyes open and draw upon the best opportunities of both worlds. In fact, when we are taking on influenza, which is a real challenge for Western Medicine, this will be a fantastic advantage. Now, back to framework. As everyone is likely well familiar with, in the case of infection, Western medicine is going to focus first on the invader, and will apply a recent and important theoretical development (in the West): so called "Germ Theory". Now Ayurveda has had the concept of "krumi" or invading organism for a long time, and quite specifically understood that infecting organisms of the blood could be invisible to the naked eye (Charaka circa approx 200BC¹, Vagbhat circa 6th Century AD²), and had descriptions of various types of infection and treatment including for leprosy, TB, etc, and generally characterized them in doshic terms. In fact I do have samples of Ayurvedic antibiotics which were formulated using ancient alchemical methods, and one day, when Western pharmacology is ready, these special compounds may become an important mainstay of the world's medicine cabinet. Maybe best this happens once we realize that modern animal husbandry is outrageously irresponsible with the few precious antibiotics we have been lucky enough to discover. . . but I digress. Western medicine and for that matter, hygiene and food science, took a very particular and important turn when Louis Pasteur in the 1860s, using the newly invented microscope, proposed a 'germ theory' to describe what he was observing, and then applied his hypothesis to formal experimental study of etiology of certain diseases.³ And the modern science of medical microbiology was born. Before this, the science of epidemiology based on a theory of contagious disease became more formal with the work of John Snow in 1849/1855, particularly

in application to an outbreak of Cholera in London. Sadly, government resisted adopting this theory because the idea of fecal-oral transmission was political unpalatable (ahem!). Now we also have Ayurvedic history (see above, and which also included ideas about hygiene in general and also in particular around the site of infection⁴). There is also precursor work in Europe⁵ including clear evidence against spontaneous generation in the 17th century. And finally, it was formally in 1928 Alexander Fleming who discovered penicillin in a petri dish, and applied this to treatment of pathogenic infection, and as they say the rest is history. It is fair to say that because of the efficacy of the germ theory to prevent food spoilage and increase success in the prevention and treatment of contagious disease and to enhance outcomes in the surgical theater⁶, that the germ theory became a central tenet of Medical practice in the West, and ultimately worldwide.

But wait, even in Western allopathic medicine, there is no full and complete consensus that Pastuer's version of germ theory is the whole story.

A brilliant Doctor, chemist, biologist and physicist, Antoine Béchamp had a bitter and protracted dispute with Louis Pasteur, a key point being his theory of microzymes, and one important element of his work was the observation that microzymes, including specific bacteria, could take on a number of forms during the host's life cycle and these forms depended primarily on the chemistry of their environment, the biological terrain, the condition of the host.⁷ Interestingly, some of the organisms that provide greatest challenge to a traditional AMA style treatment include organisms that are pleomorphic, which can change their forms, as discovered by Béchamp, such as the spirochetes. Even in allopathy we know that Herpes zoster goes into a more passive state when blood chemistry changes. Pasteur operated from a 'monomorphic' theory which posited microbes having only fixed states. In his last book, Béchamp is presenting a view that correlates closely to the well-tested Ayurvedic model of the agni-âma paradigm:

*"... the microzyma, whatever its origin, is a ferment; it is organized, it is living, capable of multiplying, of becoming diseased and of communicating disease. . . All mycrozyma are ferments of the same order - that is to say, they are organisms, able to produce alcohol, acetic acid, lactic acid and butyric acid. . . In a state of health the microzymas of the organism act harmoniously, and our life is, in every meaning of the word, a regular fermentation. In a state of disease, the microzymas do not act harmoniously, and the fermentation is disturbed; the mycrozymas have either changed their function or are placed in an abnormal situation by some modification of the medium. . ."*⁸

While the particular details of his theory have been aggressively discredited in formal circles of AMA-style medicine, some elements of this school of thought appear to have merit, especially when reviewed from an Ayurvedic perspective. Remember that before this period of 'revolution in medicine' it was largely a humoral theory⁹ that governed medical practice in the West. Ayurveda is in essence built upon a 'humoral theory', but the difference is that the four

humor system in the west appears to be somewhat an adaptation, a poor translation, of Ayurvedic principles. Ayurveda has been successfully practiced for perhaps 10,000 years, on up to current day. While some would like to discredit Ayurveda, that might be difficult since, when it is correctly practiced, it works well. If we take a more complete humoral theory, combine it with some of Béchamp's ideas and then include the idea that there are infective organisms which may be too small to see, well, then we have Ayurveda. A key point being that when Ayurveda tackles the biological terrain it does so with its own system of physics/biology/metaphysics which reaches into the natural world and into the realm of consciousness, and can do so with authority. Ayurveda is an evidence based medicine, albeit with a different methodology, including the concept of upashaya, or 'clinical trial', but on the basis of each individual, and practicing specific treatment for each person at each point in time. And it is backed by 10,000 years of hands-on research. Because it is mostly using actions the body can already accomplish and botanical medicine, it is or can be a very low cost and ecologically sustainable medical system. Its treatments essentially have no side effects. It is a complete and powerful medical system, and in the West it can outperform with complaints that stymie Western medicine like typeII diabetes, arthritis, anxiety disorders and irritable bowel syndrome. Things get especially interesting with an *integrative* approach where we combine the best of Western allopathy with a powerful approach like Ayurveda which combines completely different perspectives on biological terrain, subtle energetics and consciousness. The primary branches of allopathic medicine are surgery and the administration of poisons (internal medicine with pharmaceutical drugs). In Ayurveda these are included, but are considered to be measures of last resort.

OK. Now back to our topic: Influenza. Influenza is a rapidly mutating virus. It can be fought with vaccines, but that only works for some individuals, and only when the World Health Organization rolls the dice correctly and predicts the properties of next years' outbreak(s). In a sense we can think of vaccination as altering the 'biological terrain', making it less friendly for a given virus, but also because of mercury, aluminum or other contaminations, it is possible that vaccinations may damage the health of the biological terrain as well, with children possibly being more vulnerable. Ayurvedically, think about: 'cellular intelligence' plus 'sthula ojas' plus 'sukshma smruti'. So while some vaccinations are known to be extremely effective and probably a good idea, such as TB, Dyptheria, and Polio (DTP), the marginally effective chickenpox vaccine may not be worth whatever risks come from an injection requiring metals-based preservatives, etc. At some point there may be a new strain of influenza that allopathic medicine has little ability to address, except from the perspective of epidemiology, which means managing spread of a pandemic by minimizing exposure among the infected and the potential

infected. All well and fine, but we already have swine flu, avian flu, and are learning more every year about the serious potential for species jumping strains of RNA-viruses; most recently in the science news is discovery that bats are hosts to at least one very deadly ebola family virus.¹⁰ Key point: viruses fit into the theories of ‘germs’ or ‘sukshma krumi’, but the challenge is that they are hard to kill once active in the host. Allopathy’s ‘magic bullets’ don’t work here. Actually because of misuse of these magic bullets, we are on the verge of a world where we may not have magic bullets for some virulent strains of bacteria too.¹¹ So it’s time to dust off ideas about ‘biological terrain’ or more à propos, time to study our doshas. So yes, we should attend to doshas when fighting a virus. Most likely, the reason we got the flu and another family member did not, is because we had a doshic imbalance – just like Béchamp suggested might happen. He was a brilliant chemist, and we know that acidic blood opens the door to all kinds of infections and disease conditions. Infection in Ayurveda goes with Pitta imbalance, which relates to sour taste and acidity. And Béchamp’s mycrozymes are “*able to produce alcohol, acetic acid, lactic acid and butyric acid*”. I am not saying that we should take Béchamp’s ideas lock stock and barrel, but if you take a closer look at the history between Bechamp and Paster, we might begin to see a parallel between the narrow version of medicine offered by mainstream commercial Western medicine, which has allowed the abuse of antibiotics and in the USA is inadequately screening hospital patients for MRSA’s, and something a bit broader in scope, something that includes complementary approaches at the heart of preventative care, and a more comprehensive approach to the management of disease. We could say that this is the future of medicine.¹²

Oh right, back to ‘Flu’. . . So in the past few months, hearing about so many people suffering from really bad flu this year, I created a special Ayurvedic ‘magic bullet’. It is pure Ayurveda, but crafted also with Osha root, one of the greatest herbs that grows in Colorado. We are calling it Flu•B•Gone®, and we are selling it now at the Vibrant Lotus Products store at 302 Pearl Street, 24 capsules to the bag, and it will be available for purchase online around mid April. It is affordable, it is effective, and it is Ayurvedic. Because it is Ayurvedic, it works at any point during the progression of your body’s interaction with the virus: apparently it may prevent actually getting the flu if you catch it early, it might speed you into a recovery phase if you really have flu, and it is reported to accelerate the recovery phase. These are not medical claims, these are anecdotal reports from people who have taken Flu•B•Gone®¹³.

Be Well, Everyone!

VARADAAN

1 Caraka, Vimaana 7:9-13, 19, 22-27

2 Vagbhat, Ashtanga Hrdayam

3 Louis Pasteur: http://en.wikipedia.org/wiki/Louis_Pasteur
<http://ebooks.adelaide.edu.au/p/pasteur/louis/exgerm/complete.html>

4 Avoiding exposure to causative factors: Caraka, Vimaana 7:9-13,

5 http://en.wikipedia.org/wiki/Francesco_Redi

6 http://en.wikipedia.org/wiki/Joseph_Lister,_1st_Baron_Lister

7 <http://thehealthadvantage.com/biologicalterrain.html>

8 Antoine Béchamp, **The Third Element of the Blood**

9 <http://ocp.hul.harvard.edu/contagion/humoraltheory.html>

10 Popular Science, October 2012, pp55-82. Science News, March 9 2013, Vol 183, No5, p.10-11.

11 News Flash:

LONDON, March 11, 2013 (Reuters) - Antibiotic resistance poses a catastrophic threat to medicine and could mean patients having minor surgery risk dying from infections that can no longer be treated, Britain's top health official said on Monday.

Sally Davies, the chief medical officer for England, said global action is needed to fight antibiotic, or antimicrobial, resistance and fill a drug "discovery void" by researching and developing new medicines to treat emerging, mutating infections.

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One of the best known superbugs, MRSA, is alone estimated to kill around 19,000 people every year in the United States - far more than HIV and AIDS - and a similar number in Europe.

And others are spreading. Cases of totally drug resistant tuberculosis have appeared in recent years and a new wave of "super superbugs" with a mutation called NDM 1, which first emerged in India, has now turned up all over the world, from Britain to New Zealand.

Last year the WHO said untreatable superbug strains of gonorrhoea were spreading across the world.

12 In fact, the idea of oxygenation of tissues having a critical effect on the ability of the body to minimize inflammation and fight infection could be directly linked to the ancient Ayurvedic principal of the primacy of Prana in maintaining health, Prana being Jivanam, meaning 'that which gives life'. Here is a very interesting article, which originally was linked in the Boulder Ayurveda Winter News in 2009: <http://www.townsendletter.com/June2009/oxyhomeo0609.htm>

13 These statements have not been evaluated by the Food and Drug Administration. The product is not intended to diagnose, treat, cure or prevent any disease.

Tips for avoiding or quickly recovering from a bout of Flu

- Balance your doshas! Learn Ayurveda or see a practitioner.
- Regular exercise is quite important for maintaining a healthy immune system.
- Drink your allotment of water every day 48-96oz per your prakruti, starting first thing in the morning, after you scrape your tongue and brush your teeth.
- Make a household practice: All members, upon arriving home from being out and about, immediately everyone, wash your hands with a good soap! Change bathroom towels at least once a week, more often if someone has flu.
- To perform well your immune system needs a few special ingredients:
 - Sleep
 - Vitamins C, B6, B12 and Zinc
 - Water
- Take Flu•B•Gone® a new supplement from Vibrant Lotus Products.
- As well, understand that fresh ginger tea is awesome! Cut ½”, peel it, slice it and boil for 3 minutes. Ginger is considered to be the #1 herb in Ayurveda, it does so much.
- Ginger and Tulsi are the top herbs for clearing the lymph, which is critical to keeping the immune system functioning well. The channels of immunity are somewhat synonymous with the lymphatics in Ayurveda and Western Medicine, for that matter. Dairy, White Flours, and White Sugars can clog the channels of lymph, so don't eat them if you have flu. Âma has similar effects, thus proper food combining is also very important. The correct spices for your doshic type, in moderation, will be excellent – metabolism is key to a speedy recovery.
- Once the flu is starting to clear your body, then clear your house of the unwanted guest: with rubbing alcohol, sterilize every surface that is frequently touched: door handles, faucet handles, toilet levers, light switches, phones, fridge and cabinet pull handles, steering wheels. Consider doing this once when symptoms start to abate and then again when it really is time to “lock the door for good”. Remember your immune system can handle a certain load of microbe attack, but not when it is overwhelmed – this is a game of reducing the degree of exposure. So consider sterilizing all the silverware, cups etc in the house too, once symptoms start to abate. Boiling water in a big pot will do the job if you don't have a dishwasher. Also, for the same reasons, change bedding, especially pillow covers, etc. What else is obvious, but not on the list? Did you wash that scarf?