Fever, Colds, & Flu

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Flu can express itself only in an acidic body. To "catch a cold" you need to have the cellular terrain in which it can grow. Maintaining the pH balance of your internal fluids is as close to a guarantee as you can find for flu prevention. The next few months (winter) are the worst of the year. Why? We are spending less time outside (sunlight), eating less fresh fruits and vegetables, and partying more than any other time of the year. A common way to get sick is travel - shifting time zones and breathing the recirculated airplane air for hours - combined with jet lag, compromised diet, and general stress. You need to use the prevention tools if your diet is less than ideal.

The medical community is in the process of unveiling a "universal" influenza vaccine that it claims will prevent all flu strains with a single jab. The only problem is that, in the process, the system has inadvertently admitted that **current flu shots are medically useless because they fail to target the correct flu strain in many cases, and they do not stimulate a natural flu-fighting immune response even when the strain is a match.**

Flu shots being sold today at pharmacies across the country do not actually promote natural immunity at all, which begs an important question. If current flu shots do not boost the immune response, then **what, exactly, are they good for?** Not much, according to a recent study published in *The Lancet*. Though the mainstream media widely reported that the study's findings showed an effectiveness rate of 60 percent for flu shots, actual data reveal that **flu shots help about 1.5 out of every 100 adults.** This, of course, translates into a measly **1.5 percent effectiveness rate.**

For years, medical professionals everywhere have been hounding the public to get their flu shots or else face horrific sickness and even death. And **those who continue to avoid the flu shot based on concerns about its safety and effectiveness have been routinely dubbed "anti-science," or worse.**

MORE FLU VACCINE INFO

Fever

For many centuries, and by even the most learned, fever has been regarded as a disease itself--a something to be overcome or cast out of the body. But modern knowledge no longer permits such an erroneous view, although many still cling to it--blindly accepting the doctrines taught them by "authority." **Fever is not a disease but rather a symptom of an illness.** Childhood fevers frighten grownups. Fever is maligned and misunderstood. Controversy surrounding the management of fever causes anxiety for parents, because they are not completely sure what to do when their child has one. It may help parents to remember that fever is only one part of the picture of an illness. In fact, for children under eight years of age, and especially for infants, the severity of a fever is an unreliable indicator of the severity of the child's illness. For example, infants and toddlers can be very sick with a low or even subnormal temperature. Conversely, children three to eight years old can be running about quite cheerfully with a fairly impressive fever. The important thing is how your child is acting, not the thermometer reading. **Fever is a built-in mechanism of repair.**

Can Fever Do Harm?

No one ever "burnt up" with fever; nor ever will. Heat a pan of water to 106° F, insert your finger and see how hot it is. Did you feel anything at all? The *Journal of Clinical Therapeutics*, July 1980, tells us that: "Most authorities regard temperatures below 106° F as harmless and those over 108° as POTENTIALLY harmful." **Fever rarely produces serious complications. People have sustained fever as high as 114.8° F. without brain damage.** Any time body temperature increases, salt and water are

lost via sweating, and stores of energy and vitamins, especially the water-soluble ones, are burned up. During moderate fevers, we can compensate for these losses by drinking appropriate fluids, ingesting nutritious foods, or taking vitamin supplements. Replacing water-soluble vitamins (chiefly C and B's) makes sense. However, during fevers, the body makes some minerals unavailable for a good reason--bacteria need them to thrive. In terms of energy stores, our bodies switch from burning glucose (the favorite meal of bacteria) to burning protein and fat. This means a few days of poor appetite is probably adaptive. In other words, don't cajole or coerce your children into eating during fevers if they don't feel hungry, they will likely regain any lost weight quickly after the illness ends. You do, however, need to encourage fluids, because **dehydration alone can drive up fever.**

Fevers usually hit their highest point in the late afternoon. Conversely, kids often have their lowest temperature of the day early in the morning. So don't panic at 4 p.m. when your child's fever rises slightly; this does not necessarily forebode a raging fever. On the other hand, if your child has a low-grade fever upon awakening, you may want to keep him home. Dr. O. P. J. Falk, Assistant Professor at St. Louis University School of Medicine, recently said: **Fever represents an effort on the body to accelerate the metabolic processes...Any attempt to control fever artificially, is defeating natures purpose.** Adre Lwoff, Nobel scientist, working at the Pasteur Laboratory Institute in Paris, concluded that FEVERS ARE GOOD TO HAVE and said that the indiscriminate use of aspirin or other antipyretic (fever reducing) drugs to bring down fever can be unwise; "that **increased temperatures may well be the body's most potent means of thwarting disease."**

A survey comparing attitudes of doctors, nurses and parents towards treating fevers in children reveals that parents tend to treat high temperatures much more aggressively than health professionals do. **A low fever can actually benefit a sick child,** and the researchers attributed parental tendencies to "fever phobia"--a fear that fever is harmful--which they say originated after the introduction of anti-fever drugs like *Tylenol*. A group of Israeli researchers obtained their results from a questionnaire sent to more than 2,000 parents, doctors and nurses regarding fevers in children older than 3 months. The researchers defined fever as 1.8 degrees Fahrenheit above normal body temperature, which is around 98.6 degrees. The survey included questions on risks of fever, dosages of anti-fever drugs and when children should be treated. The investigators found that only 43% of parents knew that a fever below 100.4 degrees can be beneficial to a child, in contrast to 86% of the doctors and 64% of the nurses who responded to the survey.

The majority of parents also said they would treat a fever below 100.4 even if the child has no other symptoms, something with which only 11% of doctors agreed. **A fever can actually help sick children.** The body basically, is trying to do the right thing. **Bugs like to live at body temperature. So if you raise the temperature, you kill them off.** And contrary to what parents may believe the body can function very efficiently at temperatures as high as 100.5 degrees. While seizures from fevers are scary for parents, a previous study showed ***febrile seizures* caused no long-term neurological damage.** In contrast, fever-related seizures only occur at very high temperatures--around 108 degrees. In the case of fever-related seizures, parents should be more concerned that meningitis or bacteria in the blood may be causing the seizure than the child's fever. Many mothers panic over fever in their children, but the truth is established in the following official *Journal of the American Academy of Pediatrics*. Pediatrics 66:1009-1012, 12/81, reports febrile convulsions in childhood do not injure the CNS (central nervous system, brain and spinal cord). Febrile convulsions, meaning muscle twitchings from fever that are actually *hypocalcemic tetany* (low blood calcium muscle twitchings), do not cause brain damage or subsequent epileptic disorders. Kendig, Jr., et al, advise: "Phenobarbital prevents febrile seizures, but, causes side effects--disturbances in behaviour, sleep patterns and short-term memory in up to 40% of children--and will not prevent the development of epilepsy." Therefore, its routine use is not recommended. "Neither *Dilantin* nor antipyretics (aspirin, *Tylenol*) prevent febrile seizures."

Fever, Colds, & Flu

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How Fever Happens

Infections most commonly launch fever, especially in children. Other triggers include transfusion reactions, juvenile rheumatoid arthritis, tumors, inflammatory reactions caused by trauma, medications (including some antihistamines, antibiotics, or an overdose of aspirin), immunizations, and dehydration. Most physicians do not believe that teething directly causes significant fever, but it sometimes happens. When infectious "bugs" stimulate white blood cells in a specific way, they release a substance called *endogenous pyrogen*, which signals the brain's hypothalamus to raise the body's thermostat setting. In turn, the body heats up by increasing its metabolic rate, shivering, or seeking warm environments. It also minimizes heat loss by restricting blood flow to the skin, giving it a pale appearance. Once body temperature rises, the skin flushes and sweats. A fever sufferer may lose appetite and feel lethargic, achy, and sleepy. When these phenomena happen to our children, just tuck them into bed and let them sleep.

A basic fever, one due to minor bacterial or viral illness, can be an expression of the immune system working at its best. Given that most animals (vertebrates anyway) mount a fever in response to illness, it's likely that humans have preserved this evolutionary response because it improves survival. Some research supports this theory; animal studies show **when fever is blocked, survival rates from infection decline.** Fever increases the amount of *interferon* (a natural antiviral and anticancer substance) in the blood. A mild fever also increases the white blood cells that kill cells infected with viruses, fungi, and cancer, and improves the ability of certain white blood cells to destroy bacteria and infected cells. Fever also impairs the replication of many bacteria and viruses. Bottom line: **A moderate fever is a friend,** but not one you want to spend a lot of time with. So it makes sense to avoid suppressing moderate fevers with drugs, while continuing to monitor your child for dramatic increases in temperature and worsening of any other of his symptoms.

Hypocalcemic Tetany

Hypocalcemic tetany--febrile convulsions as **a result of low blood calcium**--occurs when the blood plasma calcium is decreased 50% from normal,--*Textbook of Physiology*, Zoethout and Tuttle. *Ionized* calcium means free, uncombined in the ionic form. The ionic form means the element carries electrical charges, making it compatible for combining with elements carrying the opposite charge. In turn, Ca^{++} denotes a calcium source with a valence (combining power) of "2", and the "++" means it will combine with elements with 1 or more negative charges. Fever is the purposeful elevation of body temperature specifically to release stored Ca^{++} from bone reserves. However, it is much better to supply Ca^{++} in the diet rather than withdrawing it from bones. Dunking a small child in warm water is a method used over the years for stopping febrile convulsions. Obviously, the increased temperature supports the fever in releasing Ca^{++} to the circulation. Febrile seizures have become more of a problem since the advent of milk pasteurization. Heated milk loses much of it's available free calcium as heating alters the solubility, absorption and availability of Ca^{++}.

***Inflammation*, erroneously called *infection*, is the biochemical repair mechanism, which requires increased ionized calcium (Ca++)** for two reasons:

(1) The matrix or *ground substance* being laid down in the repair or replacement of cells requires Ca^{++} for the *reticular network* (basic or foundation lattice-work of connective tissue), the substance of primary importance.

(2) The ability of *phagocytes* (special white blood cells that engulf foreign matter in the body) to carry out *phagocytosis* is dependent upon available Ca^{++} in the cytoplasm of the phagocytic leucocyte.

No Ca^{++}, No Phagocytosis

Naturally, the tissues must have a proper supply of oxygen and the uninterrupted mechanism for eliminating carbon dioxide along with water in physiological purity and equilibrium and the vena/lymphaticus system for disposal of metabolic wastes. With vitamins, minerals, trace elements and amino acids--in proper form and in proper synergistic balance--the body cells can synthesize all needed enzymes required for normal cellular metabolism. *Calcium lactate* with *magnesium citrate* in a 5 to 1 ratio is regarded as a good supplement to overcome and/or prevent hypocalcemic tetany or febrile seizures. One can dissolve two, four or more tablets in 1 or 2 oz. of non-fluoridated, nonchlorinated water over a period of 3 to 6 hours, mix with an equal amount of orange juice and administer as often as needed. Fresh squeezed orange juice is preferable, but canned, bottled or frozen orange juice may be used as well. Prepared juices are fixed acids--and in the emergency situation, actually enhances Ca^{++} absorption. Barring interference with stage one and stage two of the inflammatory repair process, the final stages can proceed to completion.

The third stage--initiated by *chemotaxis*--is the macrophage and neutrophil response--the attraction of the *phagocytes*--the *polymorphonuclear leukocytes*, along with the local area *macrophages*, begin their scavenger work of cleaning up the wastes in the inflamed area. A macrophage is a highly phagocytic cell, lying in the walls of blood vessels. They are also called *adventitial cells*, *histiocytes* and *phagocytic reticular cells*. They are normally stationary but when stimulated by inflammation, become both active and mobile. Macrophages are considered the primary force of repair as the macrophage activity is seen during the first hour following inflammation; the circulating *neutrophils* (*neutrophilic granulocytes* or*polymorphonuclear leukocytes*) increase four or five times (15,000 to 25,000 per cubic millimeter of blood). Like macrophages, neutrophils migrate to the injured tissue and, like scavengers, remove dead and foreign matter from the area being repaired by the inflammatory activity.

When these two types of cells engulf foreign matter such as dead or necrotic tissue, they themselves eventually die--leaving a residue of *pus*. The said residue or **pus is a mixture of dead macrophages, dead neutrophils and digested and undigested portions of necrotic tissue.** So, the first and second phagocytic cell response to inflammation involves macrophages and neutrophils. The third line of defense in this phagocytic area is the*monocytes*. Monocytes are called *immature nongranulocytes*. **Monocytes and tissue macrophages are the same cell in different guises.** The cells that line sinusoids in the spleen, liver and lymph nodes derive from the same monocyte-macrophage pool. Even though monocytes are called immature white cells and are initially not capable of phagocytosis, after 8 to 12 hours in the area of inflammation, monocytes swell and develop increased quantities of *lysosomes*--bags of enzymes of digestion, which make monocytes now capable of phagocytosis. In performing a phagocytic challenge for evaluating the efficiency of phagocytic leukocytes from donors, the following results were noted: (1) After ingestion of 10 grams of sucrose, *phagocytosis efficiency* (PE) was reduced about 30%. (2) After ingestion of sugared coffee and one donut, PE was reduced approximately 50%. (3) After ingestion of cherry pie a-la-mode, PE was reduced about 70%. (4) **After 10 days on antibiotics PE was reduced 80%.**

The final stage of the biochemistry of inflammation is the repair by connective tissue--organized by *lymphocytes*. After the phagocytic clean-up, the remaining types of white blood cells (lymphocytes), in concert with neurological and enzymatic reactions, organize the repair or replacement of various cells toward tissue restoration--an invasion of *granulation* tissue begins. This granulation tissue results from the proliferation of *fibroblasts*and *vascular endothelial cells* (small blood vessels). During the repair, microscopic studies reveal that macrophages continue their phagocytic activity within the edematous granulation tissue. Note that, also present are neutrophils, which are phagocytic, and *eosinophils*, which are weakly phagocytic lymphocytes. Smith and Thier, *Pathophysiology*, 1981, tells us: "The process of phagocytosis is very elegant. This process requires energy, which is provided by *glycolysis* and can take place in the absence of oxygen." Obviously, no assistance required. Their design is so ingenious, that

should man in his warped wisdom attempt to destroy these essential microbial producers of dead-cell dissolving enzymes with the administration of antibiotics and/or steroid hormones, through cellular adaptations for survival, they alter their morphology or structural design in order to resist the chemical assaults of "homo sapiens, educated beyond their intelligence." Perhaps the body says, "Better a tumor than no tissue at all."

Over-the-Counter Medications for Fevers

It makes sense to us that if fever helps defend against infection, **giving fever-reducing medications may make things worse.** In addition, some fever medications can have undesirable side effects. On the other hand, no one likes to watch a child suffer. And fever can deplete a child's energy. Aspirin reduces fever, pain, and inflammation (palliation of symptoms), but you don't get repair. **Use of aspirin in children during viral illness has been linked to Reye's syndrome, a disease characterized by severe liver dysfunction and brain swelling.** Symptoms include effortless and repeated vomiting, then a change in the level of consciousness (lethargy, stupor, combative behavior, delirium, seizures, coma). No one knows what the cause of Reye's is, but it seems to be **linked with aspirin use during viral illnesses.** For this reason, authorities have recommended that children under 21 years with symptoms of viral respiratory illness or chickenpox do not take aspirin. Sometimes herpes outbreaks and *viral gastroenteritis*(marked by vomiting and/or diarrhea) are included in the list of illnesses during which aspirin must be avoided. Unfortunately, it is often difficult to be certain of the cause of an illness when it starts.

Aspirin is a component of many cold and flu over-the-counter medications, so avoiding it requires careful label reading on your part. Medications for fever can act as a screen. Here are some pros and cons to giving your child over-the-counter medication to ease a fever. Medication such as*acetaminophen* can help sort out whether your child feels miserable because of a fever or because of an infection. Some physicians use a trial of acetaminophen as a screen. If, after the drug kicks in, the child looks and acts better, it is less likely that he has a fever or that his infection is a serious one. **Fever medications can mask symptoms.** In other words, your child acts as though his health has improved, but it really hasn't. **Fever medications may actually prolong the illness.** This opinion of some practitioners is backed by a few studies. Assuming the response of the body to illness (fever, inflammation, sleepiness) is adaptive, it seems reasonable to assume that interfering with the process may do more harm than good. The following are some examples that support this theory. A study of adults with colds found that **aspirin and acetaminophen suppressed production of antibodies and increased cold symptoms, with a trend toward longer infections.** In a study of children with chickenpox, acetaminophen prolonged itching and the time to scabbing compared to placebo treatment. In test-tube studies, therapeutic levels of aspirin suppressed the ability of human white blood cells to destroy bacteria. Another study found that **a host of pain relievers, including aspirin and ibuprofen, inhibited white-cell production of antibodies by up to 50 percent.**

The bottom line: Use these medicines sparingly when your child is in pain or suffers discomfort from a fever over 102°F (38.8°C). Ask yourself whether you are administering the fever-reducing medicine to make your child more comfortable or to decrease your own anxiety. **Non-drug approaches, like an enema, can go a long way toward helping your child feel better.** If the situation does not seem urgent, you might want to consider a trial of herbal treatment before you pull out the acetaminophen.

Acetaminophen

Parents, especially new mothers, reach for *acetaminophen* (or ibuprofen), not realizing that **fevers actually help their children heal.** Elevated body temperature increases the immune response while creting an environment that discourages pathogen reproduction. **Suppressing a fever with ibuprofen, or acetaminophen, or aspirin increases the time that it takes the body to overcome the infection.**

Fever, Colds, & Flu

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When doctors tell parents to give medication when a temperature rises above a certain level, say 101 F, many parents automatically assume that a fever is dangerous at that level. The result is to give children drugs to keep them from harm. In reality, the purpose of anti-fever methods is to provide comfort as the body fights off the infection. If doctors were clear about this, there would be a lot less 'fever phobia' around.

Use of Acetaminophen, found in over-the-counter pain- and fever-relief products such as Tylenol, directly corresponds to a rise in asthma prevalence and symptom severity, according to a growing body of research. Those with asthma or a family history of asthma should avoid using the drug. **Acetaminophen causes thoussands of acute liver failure cases each year.** *N-acetyl-benzoquinoneimine* (NABQI), a toxic substance, arises as acetaminophen breaks down in the body. **The liver uses up glutathione as it detoxifies this substance.** If glutathione levels are low--which is common during fasts of any kind (including illness) and alcohol consumption--**NABQI accumulates and damages the liver.**

Glutathiuone is also present in airway mucus linings, where it helps reapir oxidative damage and prevent inflammation. **Just one dose of acetaminophen can deplete glutathione levels throughout the body, including the respiratory tract.** As a result, **wheezing, bronchial constriction, and other signs of asthma arise** in people who are predisposed to asthma.

Home Management of Fevers

There are a lot more useful ways to make children comfortable and support their healing. Small, frequent sips of water heads the list: Fever increases fluid loss, and dehydration cause fevers to remain high. Kids with fever often do not feel thirsty, or by the time they do, they're already dehydrated. So keep offering fluids. Small, frequent sips are often best, especially if the child feels nauseated. If necessary, use a plastic medicine dropper to gently insert water into your child's mouth. The type that holds several ounces is best to use. Parents should also avoid giving children sugary foods and drinks, such as ice cream and soda pop, because **sugar decreases white blood cell activity**--the very cells fighting nasty bacteria and viruses. **An enema will hydrate the body by absorption of water in the colon and reduce fever by eliminating toxins.**

Dress lightly or bundle? The answer depends on your children's perception of temperature - follow her cues. If your child looks pale, shivers, or complains of feeling chilled (things that tend to happen in the early stages of fever), bundle her in breathable fabrics so that sweat will evaporate, but make sure she can easily remove the layers. If she is comfortable and her fever is low, dress her snuggly and give warm liquids to assist the body's fever production. If she sweats and complains of heat, dress her lightly and let her throw off the covers. Older kids will take care of these needs themselves. **Don't push food. Eating requires 80% of the body's energy; the body needs that energy to heal and repair.** People with fevers generally don't have much appetite. Let your child determine when and what she eats. Just bear in mind that consumption of sugary foods could delay the natural immune response.

Herbal Remedies for Fevers

A rule of thumb that herbalists like to use during minor illness with fever is: "First, do nothing," meaning that a short period of observation ought to precede any action against the illness. Follow our guidelines above for seeking medical assistance for feverish children under the age of two, and encourage fluids. For older children, give liquids, make them comfortable, and observe closely. Is your child drinking fluids well? Urinating at least once every eight hours (ideally, every three to four hours, or wetting eight to ten diapers per day)? Does your touch console her? Is she playing normally? If the answer to these questions is yes, she is probably not seriously ill. This observation time can also help you figure out which herbs are

most indicated and effective. There is not much current research on this herb, but folklore, historical medical texts, and personal experience tell us it works. Consider the opinion of Drs. John Uri Lloyd and Harvey Felter from 1898, two of the most respected herb doctors in American history: "In influenza, it relieves the pain in the limbs and back. Its popular name, "boneset," is derived from its well-known property of relieving the deep-seated pains in the limbs which accompany this disorder."

White willow bark not only relieves pain and inflammation, but has anti-pyretic properties too. In ancient times, it was observed that chewing on pieces of this bark alleviated pain and symptoms of inflammation. White willow bark, however, does not involve the side effects of aspirin and other anti-inflammatory drugs, such as stomach upset, cartilage destruction, headaches and dizziness. White willow bark, with additional properties of being antipyretic and disinfectant, has been used traditionally to relieve aches and soreness.

Kava Kava is an herb that contains *kavalactones*, which exhibit a calming, sedative action, in addition to being analgesic, anticonvulsant, and muscle-relaxing. Kava kava seems to possess unique adaptogen ability when it comes to the nervous system, demonstrating, the uncharacteristic effects of kava, reducing anxiety, but unlike standard *anxiolytics*, kava actually improves mental function and at the recommended levels does not promote sedation.

Feverfew is an herb which some have suggested be called, “headache-few.” It works in the prevention and treatment of migraine headaches, and is most efficacious in prevention. It contains compounds called *parthenolides*, which help control the expansion and contraction of blood vessels in the brain. Clinical trials have demonstrated symptom relief and reduction in attacks. Feverfew appears to inhibit the release of blood vessel dilating substances from platelets (*serotonin* and histamine), and inhibits inflammatory *leukotrienes*, re-establishing proper blood vessel tone. Feverfew is contraindicated in pregnancy.

Called, “nature’s tranquilizer,” **Valerian** has a reputation as an antispasmodic, expectorant and diuretic, which is believed to strengthen the heart and lower blood pressure. Valerian contains *valepotriates*, which seem to be active ingredients in tranquilizing and depressing the nervous system, and is useful for consideration in headaches.

Skullcap is a sedative which is useful in muscle spasms, and ameliorates the muscle and joint swelling of arthritis. Described as an analgesic, Some cultures strongly recommend it for the relief of headache and related pain.

Passion flower is known for its calming effects. Passion flower was widely used by the Aztecs as an analgesic and sedative. It contains many*flavonoids*, which contribute to its properties. One of them, *chrysin*, demonstrates a *myorelaxant* action. The analgesic effect of passion flower has been reported in laboratory and clinical tests. Passion flower is also helpful in stimulating the uptake of amino acids into cells, which assists in the regeneration of tissue.

For reducing fevers, **white willow bark, garlic, Echinacea**, and **goldenseal** are all natural herbs known to be effective in this area. Also, there is a strong inverse association reported with **vitamin A** intake, and the risk of having fever. It has been suggested that one of the metabolic purposes of a fever is to draw calcium from the bones into the blood in order that it be delivered to tissues for nutrient support, in which case it would be helpful to supplement with **calcium.** Some of the Chinese herbs which favor dissipating internal heat are: gypsum (*Shi Gao*), gardenia (*Zhi Zi*), scutellaria (*Huang Qin*, and angelica (*Dang Gui*).

Colds

You don't "catch a cold" from a cold sufferer no matter how close your contact with him.
Conclusive proof is supplied by the interesting experiments performed by Drs William J. Kerr and John B. Hagen of the University of California. The following is an excerpt from an account of the experiments...

Fever, Colds, & Flu

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"The human guinea pigs were left alone for five to eight days to make sure that they were free from cold. Then a sufferer--the more he sneezed and the more his eyes watered, the more welcome--was ushered in through the air lock. He played cards with his intended victims, ate with them, drank out of a common glass with them and sneezed at them. Twenty-four or forty-eight hours later he made his exit. The doctors went to great lengths in their fierce thoroughness. They contaminated a clinical thermometer, with the nose drippings of a sufferer, dried it and took the temperature of the rest. No result. Nasal secretion (both natural and clarified in a centrifugal machine) was even dropped into the corner of the eye. But still these chronic sufferers from cold could not be inoculated. There wasn't even a sign of irritation. This remarkable experiment was repeated many times with different individuals and every time the result was the same." The conclusion arrived at is that the cause of colds cannot be attributed to the "cold virus," but to an internal disturbance of the body--a failure of the body to adjust to variations in the environment, such as changes in temperature and humidity.

If you stop a cold, you stop what the body is accomplishing by the action of a cold. A person whose body must expend extra energy resisting cold weather is more prone to illness. Sensitivity to cold can also increase the likelihood of accidents: someone who feels cold is less alert and reacts slowly. When winter comes along and we need to warm up the engine, so to speak, and get metabolism up, the thyroid releases thyroxin and its other gland-stimulating hormones to speed up metabolism. Because most people have such unresponsive thyroid glands, is why their bodies do not respond appropriately to such temperature changes. This results in unprocessed metabolic waste, in tissues and from undigested food, accumulating in the system. As waste empties from tissues, it becomes a circulating fluid called *lymph*. This waste builds up in the intestines, liver, kidneys, spleen and lymph glands, and generally in the blood and tissues. When waste-loaded lymph backs up, it may back up into the spleen, tonsils, and lymph nodes and vessels. The bowels get very sluggish. The body wants to generate heat but the thyroid's not doing it, so we spend 200 dollars on a down jacket and say, "I'm healthy. I'm warm. The cold doesn't bother me." **Meanwhile, unprocessed metabolic waste continues to build up.** What we get next is *flu*. Among the benefits of a diet high in RNA and DNA is resistance to cold. Nucleic acids increase the body's production of *ATP* that participates in almost all metabolic reactions, which give off heat as they occur.

Flu

Flu , short for *influenza*, is a turbulent detoxification reaction of the body. Every symptom of a cold or the flu--the body is not general, it's specific--is **a symptom of detoxification.** This manifests with high fevers, the pores of the skin open for profuse sweating; with diarrhea, the bowels dump; with chills, which generate internal heat; with vomiting, and with coughing up and expectoration of respiratory mucus--all the cleansing actions. **This is the way that the body can violently and quickly get rid of the unprocessed metabolic waste. The waste is a smorgasbord for bacteria.** Then we start taking antihistimine cold pills and drugs to try to stop the body's correct response, because we misunderstand what's going on. **Advertising strives to convince us that these symptoms are universally bad and should be stopped.** In this way, they can sell "relief!"

Flu And Air Pollution Symptoms Are Identical

Carbon Monoxide ("CO") is a toxic component, among thousands, in combustion engine exhaust. **Carbon monoxide is the most common cause of injury and death due to poisoning worldwide ia often mistaken for a viral syndrome such as influenza.** In one hospital study, no patient with a carboxyhemoglobin level greater than or equal to 10% (i.e., subacute CO poisoning) was diagnosed as having subacute CO poisoning." (Dolan, et al, Ann Emerg Med) **They were instead diagnosed with virus influenza.**

Fever, Colds, & Flu

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Land and air vehicle exhausts include many poisonous gases including *carbon monoxide* ("CO"), as well as *sulfur compounds, nitrous oxides*("NOx"), *nitrites* (e.g., methyl nitrite), *formaldehyde, toluene, hydrogen cyanide*, and depending upon governmental policy, *MTBE*. The primary volume of vehicle exhaust poison is carbon monoxide.

At lower exposure levels, carbon monoxide's effects are similar to flu symptoms, including dizziness, headaches, disorientation, visual disturbances, nausea, and fatigue.

Symptoms of carbon monoxide poisoning are often similar to symptoms of other illnesses. These symptoms include:

Headache.

Nausea, vomiting (often seen in children).

Dizziness.

Fatigue.

More severe symptoms may include:

Confusion, drowsiness.

Rapid breathing or pulse rate.

Vision problems.

Chest pain.

Convulsions, seizures.

Loss of consciousness.

Other conditions... These include:

Viral infections, such as flu.

Components include:

Particulates, *carbon, acrolein, toluene, aldehydes, Sulfur dioxide, Sulfuric acid, hydroperoxyl radicals, benzene, arsenic, nitropyrenes, polycyclic aromatic hydrocarbons (PAHs), methane, phenol, 1,3-butadiene, phenol, ethylene, methane, NO, NO2, acetaldehyde*...

The major components of vehicle exhaust gases include carbon (as very small particles), unburned hydrocarbons, carbon dioxide, carbon monoxide, nitrogen oxides, sulfur oxides, water vapor, and thousands more "low-level" chemicals. The peculiar odor of diesel exhaust is due to aldehydes, acrolein, and sulfur compounds. Gasoline engines generally produce more carbon monoxide than diesel or turbine engines; diesel and turbine engines produce higher levels of nitrogen oxides.

Formaldehyde: Children show up at clinics with cold and flu symptoms that never seemed to subside no matter how many times they are treated. Formaldehyde is also contained in vaccinations.

Fever, Colds, & Flu

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MTBE: TBF and formic acid (byproducts of MTBE combustion) are highly toxic chemicals of the type known as "respiratory irritants." Other chemicals with similar toxic properties are known to induce asthma attacks as well as inhibit the body's natural defense against respiratory infections, such as cold, flu, pneumonia, etc.

NO and **NO2**: Causative for meningeal inflammation and headaches.

Swine Flu: **The symptoms of H1N1** (SO) **flu resemble those of seasonal flu and include fever, cough, sore throat, body aches, headache, chills and fatigue.** Some people have reported diarrhea and vomiting as well.