

77 WAYS TO BEAT COLDS AND FLU

A  People's Medical Society® Book

CHARLES B. INLANDER
AND CYNTHIA K. MORAN

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**Charles B. Inlander
and
Cynthia K. Moran**

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A note to the reader: The ideas, procedures, and suggestions contained in this book are not intended as a substitute for consulting with your practitioner. All matters regarding your health require medical supervision.

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■ INTRODUCTION

When you think about how far medical science has progressed in the 20th century, it is hard to believe that colds and flu have not been eradicated. In the United States alone, more than \$1 trillion a year is being spent on health care, yet the average American will suffer through at least two colds in those same 12 months. Millions will also endure one or more bouts of the flu.

As you will learn in *77 WAYS TO BEAT COLDS AND FLU*, both are relatively complicated illnesses that have defied cure. Yet much is known about how to lower your chances of getting a cold or flu and even more is known about how to ease the misery that comes with them.

That is why the People's Medical Society has produced this book. As the nation's largest nonprofit consumer health advocacy organization, our major goal is to put information into your hands that will help you make the most informed health and medical decisions possible.

Based on the latest medical research, *77 WAYS TO BEAT COLDS AND FLU* provides up-to-date information in simple, easy-to-read tips. So, while the medical researchers look for the cure, you can be taking charge in your own battle to prevent and ease the misery of two of the world's oldest ailments.

Charles B. Inlander, President
People's Medical Society

1 Understanding ■ Colds and Flu

They have been humanity's miserable enigma at least since written history began. In English-speaking countries we have come to call them the common cold and the flu.

Ancient civilizations knew colds as *katarrhein*, from the Greek, meaning "to flow down." In English *catarrh* refers to an inflammation of the mucous membrane in the nose and throat. But in the last century, "cold" was the moniker anointed in Great Britain because acquiring mucus-filled congestion—or "catching cold"—was blamed on England's cold, damp weather.

We adapted the term influenza, or the flu, from fourteenth-century Italy, when an unusual conjunction of planets was thought to "influenze" a rash of colds, fever, and coughs in earthbound humans. Several hundred years later, during the European epidemic of 1743, Latin writers penned influenza into the history books.

It wasn't until 1954 that researchers identified the actual viruses that cause colds and flu. We're still finding out about specific strains of these viruses. So far, we know of more than 200, from 20 different viral families. In 1994 the number we've identified is still growing, and our noses are still running.

We know that colds and flu come from viruses. We also know neither has a cure. If you're determined to combat them—or at least to reduce their miserable effects on you when they do strike—you'll need to have the answers to the following questions.

What's the difference between viruses and bacteria?

Viruses and bacteria rank among the world's smallest microscopic organisms. Bacteria, which do not cause colds or flu but can cause secondary problems, originated in the oceans millions of years ago. They are some of the simplest and oldest single-celled beings known to humanity. They exist throughout our environment, in oceans, lakes, and other moist settings. Some bacteria are beneficial, as are the molds in blue cheese and penicillin, while others are harmful—or pathogenic—causing disease to the human body. Bacteria reproduce rapidly by simple cell division, dividing in two, then in two again.

Viruses are much smaller. These submicroscopic organisms measure anywhere from 1/2 to 1/1000th the size of the smallest bacterium. None is beneficial. All viruses cause disease, including colds and flu. A virus is a parasite that can't reproduce on its own: It invades a host cell and commandeers the host's genetic material as its own by breaking down the host cell's molecular structure and merging with it. In its reproductive process, a virus destroys the host cell.

All viruses and bacteria reproduce prolifically. Under ideal conditions, a bacterium can divide every 20 minutes, which means that in 24 hours one bacterium can have 16 million offspring. Viruses self-replicate just as rapidly. Thus, when you are fighting a viral or bacterial infection, time is *not* on your side. Consequently, it's important to know what symptoms bacterial and viral invasions initiate so that you know how to treat your infections.

Unlike allergies, neither viruses nor bacteria are seasonal. Both can cause fever. A bacterial infection is differentiated from a virus by its single major symptom such as a phlegm-filled cough, an earache, or a sinus pain. In contrast, a virus usually has multiple symptoms that may include a runny nose, headache, muscle aches, dizziness, dry cough, and hoarseness. Antibiotics fight bacteria, but they do not work against viruses.

How do viruses and bacteria make me sick?

Bacteria produce poisons that are harmful to your cells. If they multiply rapidly enough, the poisons overwhelm your immune response, and you get sick. Viruses make you sick in one of several ways. Once you are invaded by a virus, your immune system may react symptomati-

cally (prompting a cough or a sore throat) or with a disease process (producing antibodies that attach to the germs they're fighting as both travel throughout the body). Viruses can destroy or damage vital organs they invade. Or by changing (mutating) the genetic characters of some of your genes, viruses can cause cancer. Finally, a viral invasion can weaken your immune system to a point where you become more susceptible to other infections that your body cannot fight simultaneously.

Bacteria and viruses may enter the body the same way, through direct contact with some part of the respiratory system. Bacteria are more versatile than viruses, and can enter the body on food, through the urogenital tract or other skin openings, including open wounds. Once bacteria invade the body, they live on or near the skin where it's warm, moist, and near an oxygen source, all of which they need in order to multiply. Viruses also tend to stay close to where they enter the body. Some viruses, including those that cause colds and flu, produce symptoms quickly, while others—such as the virus that causes AIDS—may lie dormant for months or years before starting an infection.

Why are so many viral infections like colds and flu incurable?

A virus is a parasite that moves in with and becomes part of its host's cellular makeup. Scientists have had a difficult time discovering medical treatment that kills the virus without also killing the host cell. Some of the more successful antiviral medications, such as polio vaccine and amantadine, immobilize the virus they attack. Rather than killing it, this approach keeps a virus from reproducing.

With bacteria, on the other hand, it's possible to develop medications that attack the strain of bacteria directly and kill it. Other types of antibiotics prevent multiplication of the invader. When a vaccine or other medication successfully immobilizes a bacterium or virus, the action allows your immune system to overcome the invading germs and drive the pathogens from the body.

The huge number of viruses, each with the ability to mutate—or alter genetic structure—overwhelms and makes impractical the search for virus-specific cures. Although medical research is making great progress toward developing an antiviral drug that disables a whole class of viruses, until that happens, the most likely prospect for eradicating one from the body is through your own immune responses.

How does the flu differ from a cold?

Colds and the flu are caused by viruses. Multiple cold and flu viruses exist, which explains why some colds or cases of flu last longer or seem milder or have more symptoms than others. Of the 20 identified major virus families, most colds come from five. Three other viral families produce flu—identified as A, B, or C strains or types.

Type B and Type C flu are generally mild in adults: Both can be confused with bad colds. Once a person has a Type C flu, immunity accrues for life, so repeat attacks in the same person are rare. (Young children are especially susceptible to Type C flu, and their cases can be particularly serious.)

Type A flu is the least stable and the most volatile when it comes to mutating. Because it can alter its genetic makeup so frequently, immunity to Type A is neither significant nor long lasting. Thus, Type A flu strains—which cause more severe symptoms than a cold (a higher fever, extreme fatigue, and system-wide respiratory congestion)—are the flu viruses of epidemics and pandemics.

Most colds come from one of five virus families, although almost half come from the rhinovirus family. These viruses are so small that it wasn't until the late 1980s that scientists even got to see one.

A cold is known as an upper respiratory infection, which means it's restricted to the nose, throat, and surrounding air passages. Most colds are not accompanied by fever, chills, or the more severe symptoms identified with flu.

Flu, most notably a Type A strain, is almost always more severe than a cold. The defining characteristics that separate flu from a cold are its sudden arrival, usually heralded by a high fever and chills.

The two share the symptoms of fatigue, coughing, and nasal congestion. In a typical case, each bout of flu runs its course in almost the same length of time: just about a week (although residual weakness, lack of energy, and depression can last up to several weeks after most symptoms have passed). Generally, a person takes less time to rebound after a cold.

Virus Families Responsible for Most Colds

VIRUS FAMILY	% COLDS	SEASON(S)	IDENTIFYING FEATURES
Rhinovirus	40+	Spring through Fall	Nasal congestion in respiratory tract; no fever; lasts week or more; direct contact spreading; 120+ viruses in family.
Coronavirus	10-20	Coldest Months of Winter & Spring	Sneezing, runny nose; brief, over in 2 days, or can last 6-7; virus eludes immune system so can re-catch; fecal/oral spreading; pneumonia danger for children; significant outbreaks in 2-year intervals; aerosol spreading (sneezing, coughing); 13 known viruses in family.
Adenovirus	10	Cooler Months	Fever, sore throat with yellowish patches on tonsils (settles in adenoids, hence its name); pink eye; several strains cause gastroenteritis ("stomach flu"); 3 types cause 5% of all colds; fecal/oral spreading; viruses shed only 4 days; children highly susceptible; 40 known viruses in family.
Enterovirus	5-10	Spring through Fall (Peak: Summer & Fall)	Fever, sniffles, sore throat; diarrhea possible; some settle in digestive system; cold-causing subgroups: echoviruses (spread various ways), Coxsackie virus (aerosol spreading); also cause "summer colds"; dangerous complications include inflammation of heart, lung, brain; polio from this family; 7-14 day incubation period longest of all viral families; 125+ viruses in family.
Respiratory Syncytial Virus & Parainfluenza Virus	5-10 in adults	Fall through Spring	Mild in adults; lasts 5 days to week; immunity lasts a year; incubates in 3-6 days in adults, shedding stops after 8-10; aerosol, direct contact spreading; Virazole an effective drug against this family of viruses; 4 known viruses in family.

Is it a cold or the flu?

SYMPTOMS	COLD	FLU
Fever	Rare	Characteristics: high fever (102°-104°+); lasts 3-4 days
Headache	Rare	Prominent
General aches, pains	Slight	Usual; often severe
Fatigue; weakness	Quite mild	Can last up to 2-3 weeks
Prostration (extreme exhaustion)	Never	Early and prominent
Stuffy nose	Common	Sometimes
Sneezing	Usual	Sometimes
Sore throat	Common	Sometimes
Chest discomfort, cough	Mild to moderate; hacking cough	Common; can become severe

Source: National Institutes of Health

Is there a bad time of year for catching colds and flu? How long does each last? How long is a person contagious?

In the temperate zones, where most U.S. colds and flu are experienced, the peak of the cold and flu season occurs in the colder months, from November through February. Timing of the season is not a feature of cold weather itself, say scientists; rather it's the time when most of us remain indoors for longer stretches because of the weather.

Staying indoors exposes you to central heating systems, which are known for their drying effects on the mucous membranes, your first line of defense against viruses. Remaining in groups or crowds of

people where contagious viral contact is apt to be prevalent occurs more often in cold weather, because people are more likely to be indoors, where air doesn't move and direct contact with germs is likely.

Not all cold viruses strike in cold weather. One family of cold viruses thrives in the summer and brings us the "summer cold." That so-called adenovirus cold is a distant cousin of polio. (Until its eradication by the polio vaccine in the 1950s, polio struck most often in the United States in summertime.)

Why aren't diarrhea and vomiting listed as symptoms of flu?

Typically, flu is an infection of the respiratory system, not the gastrointestinal tract. Intestinal—or stomach—"flu" is the viral strain that hits without warning like a bomb, consisting of nausea, vomiting, and diarrhea. It is not the same as A-, B-, or C-type flu but is instead a member of the rotavirus family. It is so close in symptoms to various bacterial infections, including forms of food poisoning, that people often misdiagnose themselves.

Gastroenteritis—an inflammation of the gastrointestinal tract—is the more accurate description for this hard-hitting, short-lived germ. It responds well to bismuth subsalicylate, available as Pepto-Bismol. This medicine is known as a microbial because of its success in relieving both bacterial and viral forms of this illness. Gastroenteritis can be extremely serious in small children and the frail and elderly because of its dehydrating effects on the body.

Why do I get a fever and chills with the flu?

With flu, we used to think that fevers and chills just came with the territory: A fever was the elevation of normal body temperature caused by the infection you were fighting. Now, research suggests that fever and chills are not caused by invading viruses; instead, they are symptoms created by an immune system when it is engaged in a battle to kill or immobilize a virus.

In their studies of the immune system, researchers have concluded that fever plays several critical roles in fighting invading viruses. First, viruses thrive at 85°, a cooler environment than normal body temperature provides. A fever's hot environment makes it tough for viruses to reproduce as fast or even survive. Second, your body's

immune reaction is a complex, whole-system emergency response that calls upon a variety of lymph cells to produce antibodies to kill or attack the invading germs. New research suggests that these antibodies work much more efficiently in hotter surroundings.

What makes me feel so rotten when I get a cold or the flu?

Like fever and chills, exhaustion and lack of appetite were once considered nonfunctional side effects created by the cold or flu virus. As more research unmask the inner workings of the immune system response, we are discovering that feeling rotten is the body's way of shutting down everything except essential operations so that all energies can be directed to fighting the invading viruses.

Recent research shows that antibodies called interleukins also trigger the release of hormones that block the body's normal storage of fats and sugars—substances used to produce energy. This puts the body's energy sources at the ready for fueling immune reactions. Temporarily shutting off energy storage and sustaining the immune response take a toll on your energy level and help create the fatigue you feel when you have a cold or the flu.

You may have noticed when you've had a cold or the flu that your muscles seem overly sensitive to pain. Lowering the pain threshold is another action attributed to your immune system. While your joints might not normally ache, they do when your immune response is in high gear. Scientists speculate that the symptom helps ensure you'll slow down and conserve energy needed for waging a successful antiviral battle.

Why do I always hear about the danger of pneumonia with colds and flu? Isn't pneumonia a bacterial disease?

Pneumonia, which refers to inflammation of the bronchial tubes and air sacs of the lungs, is either bacterial or viral. Either type is dangerous, and potentially fatal, especially in young children, those over 65, or in persons with chronic heart, lung or other organ disease, diabetes, or an immune disorder. Pneumonia associated with colds or the flu is called a secondary infection, or a complication. Treatment of bacterial pneumonia, which always requires a doctor's attention, consists

generally of a 10-day to two-week course of an antibiotic, such as penicillin, along with plenty of nonalcoholic fluids and rest.

Pneumonia (especially viral pneumonia) can come on so quickly that sometimes it arrives concurrently with the flu or a cold. Viral pneumonia is the most lethal of flu or cold complications because it strikes so quickly and without warning, progresses quickly, and is not bacterial; therefore, antibiotics have no effect on it. Timely treatment is critical, thus it's important to know the classic symptoms of both kinds of pneumonia.

If you have labored or rapid breathing, chest pains (or shortness of breath), wheezing, faintness, shaking chills, or a bad sore throat along with extreme fatigue or irritability, it's important to see your doctor immediately.

In either viral or bacterial pneumonia, look for a fever of at least 101° (especially one that doesn't abate within two to three days) and a cough. Indeed, the type of cough may be your only indicator of whether the condition is viral or bacterial: A cough that raises frequently foul-smelling phlegm of a greenish or brownish color often signals bacterial pneumonia. While viral pneumonia doesn't happen frequently, it may save your life if you know that a *dry, hacking cough that starts at the same time as your fever is often the only indicator of the condition's presence.*

A powerful antiviral drug called amantadine enjoys some success in fighting viral pneumonia, but it works only if administered in the first 20 hours of the disease. Since it can have a range of side effects, it is not widely dispensed, but is used for those most vulnerable to pneumonia fatalities, including the elderly and the chronically ill. A one-time vaccination can protect against pneumococcal pneumonia (but is not effective against all pneumonias). This shot is usually recommended for those in high-risk groups.

What are other complications that follow colds and flu?

Complications are often called masqueraders because their symptoms partially overlap pneumonia characteristics and/or those of other complications. At the outset, what is actually a complication may strike you as "just a persistent cold" or "a bad case of the flu." A good rule of thumb: Colds and flu viruses run the worst of their course within a

week. If you have any of the distinguishing symptoms of a particular secondary infection, or if your fever has lingered for more than three or four days, you probably have more than a cold or the flu.

It's important not to let complications get too ingrained before seeking medical attention. (Or if you know you are susceptible to a particular secondary infection, be alert to the first signs of its presence so that medical treatment can start immediately.)

In addition to bacterial and viral pneumonia, here are the most common complications of colds and flu:

■ **Allergic rhinitis (hay fever):** Recurring inflammation and irritation of the lining of the nose and upper respiratory tract as the result of an allergy—a reaction by the body against invasion by a foreign substance the body perceives to be dangerous. Hay fever is usually caused by inhaling an airborne particle contaminated by an allergen. Hay fever does not always accompany or follow colds or flu; it can be a stand-alone condition.

■ **Asthma:** A respiratory condition in which the medium and small air passageways in the head and chest cavity narrow, resulting in breathing difficulties.

■ **Bronchitis:** Inflammation of the air passages of the throat and chest.

■ **Earache:** Bacterial (or sometimes viral) infection, usually of the middle ear, most common in children ages three and under; if not brought under control, this infection can lead to hearing loss and other problems.

■ **Laryngitis:** Inflammation of the voice box, or larynx.

■ **Meningitis:** Severe (bacterial or viral) infection of the membranes covering the brain and spinal cord; can be fatal.

■ **Pharyngitis:** Inflammation of the throat. If bacterial, this is a strep throat.

■ **Sinusitis:** Inflammation and infection of one or more of the sinuses in the face and head.

■ **Strep throat:** Infection of the throat (also sometimes tonsils and adenoids) caused by streptococcus bacteria; can only be firmly diagnosed by throat culture; complications can lead to scarlet fever and kidney problems.

When group A strep bacteria—considered rare by the Centers for Disease Control and Prevention—hit the headlines in spring 1994, it became known as the “deadly flesh-eating bacteria” and the “killer virus” because the bacteria-virus destroyed victims’ muscles and either killed them or forced amputation within hours or several days of the onset of the infection. While group A strep is related to strep throat, it does not usually begin as one. Group A strep generally tends to infect a cut or bruise or it may follow a throat infection. Dennis L. Stevens, M.D., at the University of Washington in Seattle, explains: “If you have some sort of trauma, bruise, or injury and you develop a fever, you should be concerned that you have an infection.” That’s when to seek medical advice. Doctors also warn that group A strep is characterized by *increasing* pain, heat, and redness in the place where you’ve had a surgical procedure, trauma, or bruise.

Now that you know the working definitions of colds and flu, let’s take a look at how to avoid getting them in the first place.

Complications Having Symptoms That May Masquerade As Pneumonia

COMPLICATION	PNEUMONIA CHARACTERISTICS										DISTINGUISHING FEATURES
	101° OR HIGHER FEVER FOR 3+ DAYS WITH SHAKING CHILLS	COUGH THAT BRINGS UP FOUL-SMELLING BROWN OR GREEN PHLEGM	DRY, HACKING COUGH	SHARP CHEST PAIN WHEN BREATHING; CHEST TIGHTNESS; SMOGTHNESS OF BREATH	WHEEZING, RATTLING	DIFFICULTY SWALLOWING	EXCESSIVE APPETITE LOSS FOR MORE THAN SEVERAL DAYS	EXCESSIVE FATIGUE, LETHARGY	SIGNIFICANT THROAT PAIN	UNIMPROVED COLD SYMPTOMS; HEAD & MUSCLE ACHES, RUNNY NOSE	
ALLERGIC RHINITIS			X	X			X		X	Earache, watery eyes, seasonal	
ASTHMA		X	X	X			X		X	Persistent cough	
BRONCHITIS	X	X	X	X		X			X		
EARACHE	X					X	X		X	Possible hearing loss, earache	
LARYNGITIS	X		X						X	Hoarseness starting right away with cold	
MENINGITIS	X					X			X	High fever, stiff neck, especially in children	
SINUSITIS	X	X				X	X	X	X	Yellow nasal discharge, aching teeth	
STREP THROAT	X	X	X			X	X	X	X	Chills, dizziness, red skin rash, pus on tonsils	

2 *Tips on Prevention*

Since there are no known cures for colds or flu, prevention must be your goal. A proactive approach to warding off colds and flu, in fact, is apt to make your whole life healthier.

Taking responsibility for your own well-being is a main tenet of the holistic approach to good health. Many prevention techniques come down to using common sense about your health. More and more, medical science is paying attention to the mind-body connection, which has been a staple of Eastern philosophies for centuries. Scientists and doctors are proving increasingly that the mind has a profound effect on the body. Evidence is mounting that strong immune systems are a hallmark for those who have learned to make their lives harmonious and relatively stress free. To achieve this balance takes planning and work, but it can easily become habitual if you decide to make it a priority. Here are specific strategies to employ:

Hygiene

1 *Wash your hands.*



Wash your hands often during the day, preferably with a disinfectant, antibacterial soap (such as Dial, Safeguard, or Lever 2000). Remember, however, that washing with plain hot water is better than not washing at all if no soap is available. Wash more frequently if you're around sick people.