

# Get Into **betterHEALTH!**

with Dr. Derek Lee

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October 2005: In this issue!

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This newsletter is a special Cold and Flu issue. Every year at this time, there are always many questions I receive from patients regarding cold and flu remedies.

Well, these are all good questions and let's take them one at a time.

## ● **Should I get the flu shot?**

This is a matter of personal preference. More and more people are questioning the traditional way of doing things and this is just one more item on the list. But, as always, it's a matter of being informed and educated. After that, the choice is ours.

Personnally, I'm still waiting for someone or some organization to show me that this is a proven intervention. I just shake my head. I sometimes wish I owned shares in a vaccine producing pharmaceutical company.

Anyway, the following is a very recent article from USA Today. It's very informative and quite surprising.

# Flu Vaccine Only Mildly Effective in Elderly

## Second study found growing resistance to antivirals, especially in Asia

By Amanda Gardner

HealthDay Reporter

WEDNESDAY, Sept. 21 (HealthDay News) -- The flu vaccine, a cornerstone of public health policy, is only mildly effective in the population for which it is supposedly most critical: the elderly.

According to a study appearing in the Sept. 22 online issue of *The Lancet*, vaccines against [influenza](#) are only "modestly effective" in people in long-term care facilities and even less effective for elderly people still living in the community.

That research is twinned with another flu study, which found more bad news: that resistance to drugs used to treat influenza has risen 12 percent in the past decade.

This finding, the authors stated, raises questions about the government's policy of stockpiling such drugs.

Strong opinions to the vaccine study came from all sides of the issue.

"The vaccine doesn't work very well at all," said study author Dr. Tom Jefferson, an epidemiologist with the Cochrane Vaccines Field in Rome. "Vaccines are being used as an ideological weapon. What you see every year as the flu is caused by 200 or 300 different agents with a vaccine against two of them. That is simply nonsense."

Dr. Marc Siegel, author of *False Alarm: The Truth About the Epidemic of Fear*, agreed. "We have set up a situation where a fear is created, and then we try to create the treatment for this fear. The public gets the idea that the flu is going to kill them and the vaccine will save them. Neither is true," he said. "The flu vaccine has use in cutting down on deaths from complications in the chronically ill and people at great risk, but it's not a panacea."

The U.S. Centers for Disease Control and Prevention responded strongly on the other side.

"We certainly do hope that people will not be sidetracked from this important point. There are studies that show that the vaccine is effective in preventing serious complications of the flu," said CDC spokesman Tom Skinner. "This is not going to change the fact that we each and every year recommend people in high-risk categories to get the vaccine."

Health officials worldwide, including those at the CDC, push to get as many elderly individuals as possible vaccinated against the flu each year. According to the study, in 2000, 40 of 51 developed or rapidly developing countries recommended vaccines for all individuals aged 60 and older. In 2003, 290 million doses of vaccine were distributed worldwide.

Earlier this month, U.S. health officials starting urging all eligible persons to get a flu shot, with priority given to the elderly and certain other groups. And to avoid last year's flu vaccine shortage, U.S. health officials have planned for a total of 97 million doses of vaccine.

The current study provided no new data but, rather, looked at 64 existing studies which looked at the effectiveness of the flu vaccine over 96 flu seasons.

For elderly people living in the community, inactivated influenza vaccines prevented up to 30 percent of hospitalizations for [pneumonia](#) but were not effective against the flu, flu-like illnesses or pneumonia. "The vaccines didn't seem to prevent influenza," Jefferson said.

For elderly people living in long-term care facilities, the picture was slightly brighter, with vaccines preventing up to 42 percent of deaths caused by influenza and pneumonia only.

"We have to concentrate our resources elsewhere or invest in better vaccines," Jefferson stated.

The authors of the second study screened 7,000 influenza A isolates for gene mutations known to confer drug resistance to the antivirals amantadine and rimantadine.

Overall drug resistance increased from 0.4 percent in 1994-95 to 12.3 percent in 2003-04. Also, 61 percent of resistant viruses isolated since 2003 were from people in Asia. Some Asian countries had drug resistance frequencies exceeding 70 percent, possibly a reflection of different prescribing practices.

Strikingly, more than 84 percent of all resistant viruses during the 10-year period under question were identified since the 2003 flu season.

This highlights the importance of continuing to expand surveillance of the emergence of resistance to these drugs, said Rick Bright, lead author of the study and a research scientist with the CDC.

"This is a warning that overuse of antiviral drugs leads to resistance," Siegel said. "The drugs should be specifically used for influenza that is a problem in terms of duration and possible risk of death, not for everybody."

The study authors voiced concern that rising rates of resistance will render amantadine and rimantadine ineffective for treatment or prevention in the event of an influenza pandemic. That, in turn, would render government stockpiles useless.

"I question stockpiling these drugs. You're going to have to discard or overuse them. It's sending a message to the public that these are lifesaving drugs," Siegel said. "Antivirals should be considered in high-risk cases," but in other cases they may only be of limited effectiveness, he said.

"We have to differentiate between *potential* risk and something that clearly is in the offing. Fear is a warning system that is supposed to protect us against imminent danger such as a gorilla hanging over us," he added. "I want to know why more

effort isn't put on getting our vaccination method up-to-date instead of stockpiling millions of doses of vaccine and sending a fear message. We need to see reality."

## ● **Do Herbal Remedies Work for the Cold and Flu?**

The following is an article by Klaus Ferlow. He emailed me his article recently and I thought that I'd just pass it on to you. Klaus is from BC and I've been using his products for years as have many of my patients. Please note that Klaus promotes the use of herbs to strengthen the immune system and to prevent symptoms. Here you go.

### **Cold & Flu Busters: The Natural Approach**

By Klaus Ferlow

There are many theories as to how people get colds and flus as there are treatments. When our immune systems are compromised it is a challenge to fight these dreadful illnesses.

Colds cause clogged and runny noses, sneezing, sore throats and often dry coughs. They will have a variation of symptoms in different people, even if infected with the same virus. Flu symptoms are much more severe and will cause high fever and chills, a feeling of exhaustion and the whole body may ache. This includes headaches, backaches and sore muscles. Flu viruses are stronger, more infectious and more harmful than colds. But whichever one you may be plagued with, there are natural alternatives to PREVENT and manage them. One of the key considerations is to strengthen our immune system. The following suggestions will help to give you an overview of the NATURAL supports that are available WITHOUT any harmful and negative side effects.

Diet is crucial! Unfortunately many of us eat "junk-food" - read the book "America - Fast Food Nation" - and drink pop drinks which contain the harmful artificial sweetener Aspartame and carbonated sodas which further reduces our bodies healing power. It is essential that you drink enough liquid, preferably chlorine free water to prevent dehydration. A warm broth, vegetable juices and herbal teas to our daily diet will provide additional immune system boosts. Beet juice is very effective as is grape juice, parsley, celery, watercress, lemon, carrot juice and coconut milk. You can also use pure elderberry (sambuco) juice. Heat it up and add lemon juice and honey. Drink it hot for maximum benefit as an immune booster. You may get rid of your fever too over night. That is how my mother successfully treated my fever as a child!

Drink linden flower tea with 2 drops of lemon balm oil, thyme tea with honey or rose hip tea with natural sweetener stevia concentrate. Rest in bed as you work up a sweat from ingestion of the tea. After about one hour, dry off from the sweat and change clothes. Try to get more sleep. This process often stops the flu before it becomes full blown.

Liquids are nourishing and help to cleanse our system and promote healing. The addition of garlic to the liquid is believed to promote further protection from cold and flu viruses. Raw fruit and vegetables such as carrots, sauerkraut, and citrus fruits (containing Vitamin A and C), unrefined cold pressed flax and hemp seed oil, are excellent sources of omega 3 and 6 essential fatty acids. And don't forget our mothers favourite "secret" recipe - chicken noodle soup!

When using supplements for cold and flu relief, use PHYSICIAN-grade, high potency liquid herbal tinctures such as Cat's Claw, Echinacea, Pau D'Arco (Taheebo) and Grapeseed tincture/extract. Echinacea throat spray will also provide immediate relief of your symptoms. Supplements such as Vitamin C, Ester C and Vitamin A are very important and should be started at the onset of a cold or flu. The same goes for the herbal tinctures. Begin to incorporate these supplements as early as September to give your immune system a boost, as you would charge the battery of a car. When the first tickle appears in your throat, begin using the Echinacea throat spray. It will kill the virus fast, often with only a couple of sprays. You should never leave home without it!

Other cold and flu busters include cayenne pepper (capsicum) and wild crafted Mediterranean oregano oil infused in hemp or olive oil or grapeseed oil with mint flavour. Further, certified organic pumpkin seeds (found to have a high percentage of zinc) and zinc lozenges are highly recommended for cold and flu symptoms. Zinc has a long list of health claims such as immune enhancing properties, anti-inflammatory and is an aid to the treatment of rheumatoid arthritis, hair loss prevention and prostate problems, just to name a few. Additional dietary sources of zinc include whole grain products, brewers yeast, wheat bran and germ, oysters and meat. Zinc supplements can be found under the names of zinc sulfate, acetate, gluconate, citrate, dipicolinate, aspartate, orotate and amino acid chelates of zinc. Zinc is especially important for the elderly! A zinc deficiency can cause significant alterations in the immune system.

To help alleviate and disinfect dry air passages, add 10 drops of tea tree oil to a bowl of hot water or vaporizer and leave it in the bedroom overnight. Another effective treatment is to inhale chamomile, eucalyptus and thyme oils. This will loosen mucus and heat the throat, nasal passages and bronchial tubes. Take a hot and cold foot bath before retiring. It is relaxing and will help you to de-stress and sleep better.

Gargle regularly with sage tea to disinfect your mouth. Use sage inhalation to reduce inflammation. Wash your body with an infusion of thyme or juniper needles.

If you have the opportunity to use a Soft Heat infrared sauna you will reap tremendous benefits which include detoxification of toxin like heavy metals and you will experience pain relief from arthritis, fibromyalgia, sports injuries and other chronic pain conditions, weight loss (burn 600 calories in 30 minutes), relaxation, excellent results in the treatment of acne, eczema, cellulite and psoriasis. Saunas may help you to arrest the beginning of a cold and flu.

**WASHING YOUR HANDS OFTEN IS ALSO A KEY PRACTISE IN PREVENTING OR SPREADING COLD AND FLU VIRUSES!!**

Germs are invisible and they are just about everywhere. When you touch a doorknob, pick up a book or newspaper or touch a pet many germs are transferred to your hands. Your hands should be washed more often during the cold and flu season, especially in the presence of someone with a cold and flu virus. Just 15 seconds of good hand rubbing with a quality natural bar soap (unfortunately most of the liquid soaps are loaded with harmful chemicals) and water should do it. If you use a bar soap, make sure that the soap dish is clean as it may contain lots of germs.

Your body is going to need energy to detoxify and fight off the cold and flu. Therefore, get lots of bed rest and if possible avoid any stressful situations. Keep warm. Consider a juice fast. Even lemon with cayenne and maple syrup in hot water can speed up recovery time. Hot apple cider or ginger tea are also great to drink, as are Japanese green tea and other herbal teas, such as elderberry blossom, yerba mate, roibosh tea etc. It is important to get plenty of fresh air to clear your lungs, but avoid drafts. All in all, with these cold and flu busters, a relatively healthy person can break a cold or flu in a few days or eventually avoid it altogether!

If you follow the NATURAL way that Mother Earth provides us and as suggested here, you will do no harm to your body and strengthen your immune system. I am 67 years "young", I have followed these rules from childhood and therefore rarely suffered from a cold or flu. These natural remedies have been part of my health regime for as long as I can remember. You do not have to dread the cold and flu season, just be prepared to support your bodies healing power with these natural cold and flu busters.

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Klaus Ferlow, life-long herbalist, innovator, lecturer, researcher and writer, is the founder and co-owner of FERLOW BOTANICALS, Div. of Ferlow Brothers Ltd, Vancouver, B.C., a 100% Canadian owned and operated family business that manufactures and distributes toxin free natural herbal medicinal and personal care products since 1993, supplying them to professional health & wellness practitioners across Canada and part of the United States of America. In 1994, Ferlow Botanicals was the FIRST to introduce Neem Tree herbal products to the Canadian market. Visit website: [www.ferlowbotanicals.com](http://www.ferlowbotanicals.com)

## ● Are there any alternatives to the flu shot?

Yes there are. The idea again is to simply strengthen the immune system so we have a better chance of fighting off viruses. Here's one of the best safe alternatives to the flu shot.

**Muco Coccinum**

## About Muco Coccinum Homeopathic by Genestra

### *All Flus and Colds*

**Mucococcinum** is an exceptional homeopathic preparation containing various strains of the worse flu epidemics of the 20th century, specifically formulated to help boost immune function, and stimulate the body's own defenses to combat and prevent flus and potent viruses. Serious complications such as bacterial infection or pneumonia can be deadly, especially in individuals with compromised immune systems. Scientists and virologists are greatly concerned that one or more of the new, emerging flu viruses will be lethal and highly contagious, causing epidemics.

### More Info about Muco Coccinum Homeopathic by Genestra

Mucococcinum is indicated for all types of flus, colds and respiratory ailments.

#### Suggested Use

**During the incubation period:** at the first sign of symptoms (shivers, aches and pains, sore throat) take 1 tablet and let dissolve in mouth.

If necessary, repeat 2 to 3 times during the day.

Muco Coccinum® 200 should be taken at the onset of the cold or flu, in order to prevent a full outbreak of the condition.

**If the condition develops:** 1 tablet each morning and evening for 3 days.

Combine with single remedies.

**Preventatively:** Muco Coccinum® 200 may be prescribed right from the beginning of the autumn season, with one tablet to be taken every 15 days.

For particularly sensitive individuals (children and the elderly):

1 tablet per week throughout the winter season.

#### Muco Coccinum Benefits the Following Conditions:

- Bronchitis
- Chest Colds
- Chronic Infectious Diseases
- Common Cold
- Endocrine Dysfunctions
- Head Cold
- Influenza
- Laryngitis
- Lymphadenitis
- Nasal Congestion, Catarrh & Coryza
- Otitis
- Pneumonia
- Respiratory Tract Disturbances
- Rhinitis
- Sinusitis
- Sore Throat
- Viral Infections

#### Is Muco coccinum effective and safe?

Mucococcinum is a safe and natural way to treat and guard you and your family against the flu. With over a million doses sold each year, the country of Belgium

has been using this successful remedy for many years. It is now become available in North America. This oral medication is considered a safe and effective alternative to the influenza vaccination.

#### **Colds and Flu**

Mucococcinum is a remedy that is very effective for treatment and prevention of colds especially if there is a lot of mucous and congestion. Mucococcinum is a homeopathic medicine that gently activates the body's natural defense mechanisms to protect itself from contracting the flu-bug. It is prepared homeopathically from various bacterial and viral fractions.

Clinical studies have also shown this medicine to be greatly effective at curing an existing flu if treated early enough. With proper use, Mucococcinum can offer a safe and natural way to treat and prevent any type of flu that you may encounter.

#### **Immune-Boosting Effects**

Several studies conducted in Belgium have shown that Mucococcinum has a definite immune boosting effect on lung and lymphatic tissues. This means that it immediately stimulates the immune system and protects the body against the very bacteria and virus from which the medication is actually made.

● **Is there any literature proving the effectiveness of any of these alternative solutions?**

**Yes**, and here is one study supporting the effectiveness of Muco Coccinum. It is a bit technical but the summary does summarize.

## **DOUBLE-BLIND CLINICAL OBSERVATIONS AGAINST PLACEBO OF MUCOCOCCINUM 200K IN THE PREVENTIVE TREATMENT OF INFLUENZAL STATES**

**M.A. Nolleaux<sup>1</sup> and colleagues<sup>2</sup>**

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<sup>1</sup> **President of the scientific board of Altermedica ®**

<sup>2</sup> **Members of the scientific committee of Altermedica ®: Ph. Danhier, H. Fagard.**

# DOUBLE-BLIND CLINICAL OBSERVATIONS AGAINST PLACEBO OF MUCOCOCCINUM 200K IN THE PREVENTIVE TREATMENT OF INFLUENZAL STATES.

M.A. Nollevaux <sup>3</sup> and colleagues<sup>4</sup>

## Summary:

This clinical investigation shows the interest of a biotherapeutic remedy for the preventive treatment of influenza pathologies with homeopathic immunotherapy.

## I. INTRODUCTION

The objective of this double-blind against placebo clinical study directed by M.A. Nollevaux was to verify the beneficial effect of a biotherapeutic remedy in 200K (Mucococcinum 200\*, dose-tablet) in the prevention of influenzal states.

\* UNDA ® Laboratory

## II. MATERIALS AND PROCEDURE

### a. Definition of the tested biotherapeutic remedy

Mucococcinum tested in this study is a homeopathic remedy prepared with a biotherapeutic extract, diluted and dynamised at 1/200 Korsakov dilution, of *Klebsiella pneumoniae* K2, *Branhamella catarrhalis*, *Micrococcus tetragenus*, and *Influenzinum*.

The preparation of this nosode is precisely defined as follows:

BACTERIAL FRACTION OR MUCOTOXIN <sup>1 2</sup>	
Lysate of	<b>Klebsiella pneumoniae</b> K2 ( <i>Pneumobacille de Friedlander</i> ; enterobacteria; gram -) <b>Branhamella catarrhalis</b> ( <i>Micrococcus catarrhalis</i> , <i>Neisseria catarrhalis</i> ; coccus; gram -) <b>Micrococcus tetragenus</b> ( <i>Peptostreptococcus tetradius</i> ; coccus; gram +)
VIRAL FRACTION OR INFLUENZINUM <sup>2</sup>	
Culture of varieties of influenza viruses, adapted according to epidemiological data, including:	Singapore A virus 1-1957 APR-8 virus

The bacterial fraction or Mucotoxin described by O.A. Julian <sup>2</sup> and Bruckner <sup>1</sup> has recently been manufactured and analysed by the UNDA ® laboratory. Studies concerned the selection of bacterial preparations, particularly for the *Klebsiella pneumoniae* of which K2 type was retained for its antigenicity with pulmonary polarity (6)(7)(8).

*Klebsiella pneumoniae* were isolated from the sputum of several patients suffering from various ORL diseases (such as pneumopathy, bronchopneumonia, angina, otitis, sinusitis, etc.). These bacilli were selected through testing their K2 serotyping and their liposaccharidic (LPS) endotoxins responsible for the pyrogenic effect and febrile reactions (9) (10) (11) (12) (13).

<sup>3</sup> President of the scientific board of Altermedica ®

<sup>4</sup> Members of the scientific committee of Altermedica ®: Ph. Danhier, H. Fagard.

## **b. Procedure**

### **1. Reminder of the homeopathic pharmacology of Mucococcinum**

According to dynamised immunotherapy, nosodes (Mucotoxin – Influenzium) in Mucococcinum are recommended in prevention and treatment of influenzal states and respiratory diseases in the form of mucous catarrhs, particularly in children and older individuals (1)(2)(3)(4)(5)(14)(15)(17)(18).

### **2. Norms and objectives of the study**

#### ▪ Objectives:

The objective of this study was to demonstrate the efficiency of Mucococcinum 200K in the prevention of influenzal states during the winter of 1989-1990, on an epidemically at risk population.

#### ▪ Norms:

- Double-blind clinical study, Mucococcinum 200 against placebo.
- Selection of subjects:

Subjects were principally originating from a nursing school and its medical environment (students and medical teachers). The choice of this medical and hospital environment was justified by the fact that we consider this population to be at a relatively high risk of contamination as a result of its frequent contacts, on a daily basis, with patients.
- Exclusion criteria: the following subjects were excluded from the study:
  - having had the influenza vaccine;
  - taking cortisone;
  - taking immunosuppressant;
  - taking monoamine oxidase inhibitors or tricyclic antidepressants
  - suffering from AIDS, lupus, confirmed collagen disease (e.g. S.P, S.L.A.)
- Population: the study was conducted on 200 subjects; 100 subjects in "active" treatment and 100 subjects in "placebo" treatment.
- Duration of the study: 5 months, from November 1989 to March 1990.
- Therapeutic scheme: 1 dose-tablet at perlingual application every 15 days.
- Assessment criteria for influenzal state:
  - The subjects who were considered as having influenza were those who came to the testing consultation with the symptomatology of influenza (16), including: shivering, myalgia, aching, hyperthermia, coryza, pharyngitis, etc.
  - The subjects who were considered as not having influenza were those who came to the testing consultation without any symptomatology of influenza.

## **III. RESULTS OF THE CLINICAL OBSERVATIONS**

### **a. Observations retained for the statistical study**

Over the 200 clinical observations to meet the exclusion criteria, 99 were retained in the "active" treatment group and 92 in the "placebo" treatment group, or a total of 191 observations submitted to a statistical study.

### **b. Elements of the statistical study**

Results of clinical observations were calculated according to the “Chi-square test” on a 2 x 2 contingency table.

The tested null hypothesis ( $H^0$ ) is the hypothesis of:

- equal percentage of patients not suffering from influenza, or - which is the same thing - of patients suffering from influenza during the aforementioned period and while active tablets or placebo were being taken by the various participants;
- or the equivalent hypothesis of an equal probability to not have influenza after having taken Mucococcinum as preventive treatment and to not have influenza after taking placebo.

The notation “Chi<sup>2</sup> obs” hereunder indicates the observed value of the random variable Chi<sup>2</sup>. As a reminder, we have listed below some Chi<sup>2</sup> values (1- $\alpha$ ) relative to the variable Chi<sup>2</sup> with 1 degree of freedom, for a few values of the  $\alpha$  level of signification:

$$\begin{aligned} \text{Chi}^2(0.95) &= 3.84, & \text{Chi}^2(0.975) &= 5.02, \\ \text{Chi}^2(0.99) &= 6.63, & \text{Chi}^2(0.995) &= 7.88. \end{aligned}$$

In addition, let us remind that when, for instance, we choose  $\alpha = 5\%$ , it means that we do not want more than 5 chances over 100 to reject  $H^0$  when  $H^0$  is true.

### **c. Analysis of results of the clinical observations**

#### **1. “Active” Mucococcinum 200 group**

Chart 1:

SAMPLE SIZE	99
Men	38
Women	61
AGE OF SUBJECTS	
under 25 years old	46
26-55 years old	44
over 56 years old	9

Chart 2: Results for the “active” Mucococcinum group

Suffering from influenza

NOT suffering from influenza

### **3. Summary**

Chart 5: Comparative results Mucococcinum/placebo for the 191 clinical observations

Suffering from influenza

NOT suffering from influenza

We obtain  $\text{Chi}^2 \text{ obs} = 9.6597 > \text{Chi}^2 (0.995)$  which leads us, in this case, to reject  $H^0$  for a signification level of  $\alpha > = 0.5\%$ .

According to the statistical study completed, the Chi<sup>2</sup> test indicates that the efficiency of the Mucococcinum 200 preventive treatment is a near certainty ( $\alpha > = 0.5\%$ ).

## **IV. DISCUSSION AND CONCLUSION**

This clinical study emphasized the efficiency of Mucococcinum 200 by comparing it to a placebo on 191 subjects tested in prevention of influenza. Mucococcinum 200 was efficient on 87 subjects out of 99 in the “active” group.

This double-blind study against placebo confirms the good results obtained during the winter of 1988-1989 by L. Brognaux (17) on a smaller number of subjects.

## **V. Acknowledgements**

We thank Professor Jean Fichetef of the University of Namur for his contribution to the statistical analysis of our clinical observations.

### **2. “Placebo” group**

Chart 3:

SAMPLE SIZE	92
Men	29
Women	63
AGE OF SUBJECTS	
under 25 years old	52
26-55 years old	33
over 56 years old	7

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## ● What do you take Dr.Lee?

This is what my family, many of my patients and I take:

1. **wash my hands** throughout the day
2. **muco coccinum** (Anti-flu remedy)
3. **pro-biotics** in the form of human micro flora (This protects the gastro-intestinal tract. This is VERY important if you have had anti-biotic therapy, high stress levels, are on chronic medication or have a poor diet.)
4. **allium cepa** (Great for runny noses, especially for kids. Taste and looks like a tic-tac. Naturally, kids love them)
5. **Echinacea throat spray** (Good for sore throats)
6. **acupuncture for sinus congestion** (Drains the sinuses within hours if not immediately)
7. **Stress reduction** (Your immune system will always diminish with stress. But be careful after you have overcome a stressful event because that in fact is when your immune system crashes)
8. There are many more but feel free to ask me in person.