

NEWSLETTER
GUNA SCIENTIFIC DEPARTMENT



SWINE FLU

EVERYBODY IS LOOKING FORWARD TO A VACCINE...

WHAT CAN WE DO IN THE MEANTIME?



GUIDELINES TO AN EFFECTIVE ANTI-INFLUENZA PROPHYLAXIS

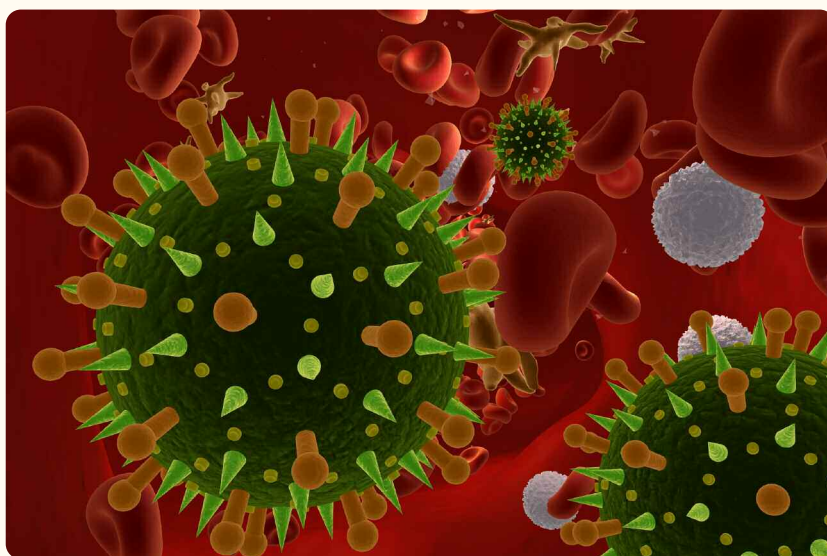


QUESTION
1

The oncoming **A/H1N1 flu** (*the so-called swine flu*) is putting the population on the alert. Everybody is eager to receive some news about the distribution of the relevant vaccine. However, we have to wonder why the vaccine against flu is really the best solution to prevent millions of people from catching the flu all over the world this year.

ANSWER
1

To prevent this flu effectively we have at first to consider the characteristics of the **virus** it comes from. It is an **Orthomyxovirus** (type A, B, C) which has a high **antigenic changeability** like all the other RNA-viruses (*antigenic shift*, the greatest mutations and *antigenic drift*, the least mutations), that is capable of making the anti-influenza vaccine ineffective.



QUESTION
2

Therefore, is the anti-influenza vaccine useless or even harmful?

ANSWER
2

The vaccination could be extremely effective. Nevertheless, it does not protect from influenza viruses belonging to other strains or from other viruses that are responsible for respiratory diseases whose symptoms are similar to those of influenza. There are more than **200** antigenically distinguishable **viruses** responsible for Influenza-like Syndromes (*ILI – Influenza Like Illness*). That's why if the anti-influenza vaccine is **75% effective**, its **effectiveness can range between 15 and 30%**, as shown in the epidemiological data published worldwide¹. Concerning tolerance, we would like to point out that the most recent anti-influenza vaccines are top-quality vaccines, although scientific publications have reported significant side effects, among which Guillain–Barrè Syndrome².

¹ Web: <http://www.cdc.gov/FLU/PROFESSIONALS/VACCINATION/effectivenessqa.htm>

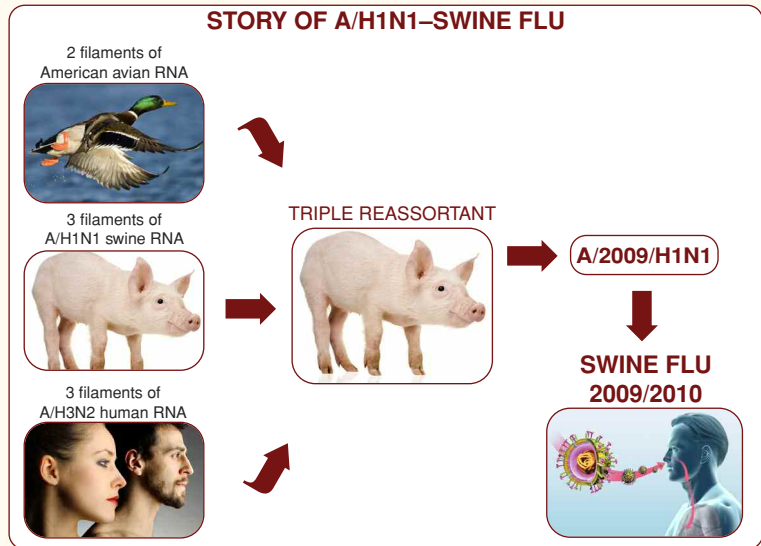
² Lettera aperta ai politici, ai professionisti della salute e ai mezzi di comunicazione – La posizione dell'Associazione Culturale Pediatri sulla nuova influenza A/H1N1 – Pubblicato nel Sito Web di ACP Associazione Culturale Pediatri martedì 1 settembre 2009 – <http://quaderniacpnews.blogspot.com/2009/09/lettera-aperta-ai-politici-ai.html>

QUESTION
3

What's the difference between A/H1N1 swine flu and the usual seasonal pandemic influenza?

ANSWER
3

Over the last 10 years the seasonal influenza has been caused by a **type A/H3N2 Orthomyxovirus**, whereas the swine flu virus is a **type A/H1N1 Orthomyxovirus**, coming from the virus that brought about the "Spanish" pandemic³ in 1918. The pandemic potential of the virus is due to a mutation of the type A/H1N1 virus in the course of over half a century. As reported in the *New England Journal of Medicine*⁴,



at the end of the nineties a *triple reassortant* virus has been identified in the swine population which has combined viral RNA of avian, human and swine origin. This has caused the type A/H1N1 virus responsible for the recent alert worldwide.

QUESTION
4

How is the A/H1N1 virus dangerous?

ANSWER
4

According to some research studies that have been carried out until now, the type A/HINI virus is primarily a social problem because of its **high morbidity**. However, it seems not to be worrying from a sanitary point of view due to its **low mortality**.

QUESTION
5

Is the swine flu the only one we will have to cope with in winter 2009/2010?

ANSWER
5

In winter 2009/2010 there will be a **double attack** from *Orthomyxoviruses*: the population will be affected both by the seasonal viral A/H1N1 strain and by the viral strain. That's why a double vaccination is needed. However, as the tendency to the antigenic drift of the influenza viruses is so high, this measure may turn out to be ineffective.

³ Web: <http://content.nejm.org/cgi/content/full/361/3/225>

⁴ Web: <http://infectious-diseases.jwatch.org/cgi/content/full/2009/507/1>

QUESTION
6

Are there any other solutions to prevent influenza apart from the vaccine?

ANSWER
6

The homeopathic remedy **Guna®-Flu/Omeogrighi®** has been an effective solution to prevent flu for more than 10 years. Its immunostimulating ingredients (*Vincetoxicum hirsutum*, *Anas barbariae hepatis et cordis extractum*, *Influenzinum*) induce a **cell-mediated response** (cytotoxic T lymphocytes and Natural Killer Cells) acting on the specific and the non-specific cytolysis of the infected cells. This response

enhances the humoral immune response by increasing *lysozyme* and *Interferon-gamma* and starting the *cytokines* cascade. This kind of immunostimulating action **bypasses** the problem concerning the antigenic changeability of influenza viruses.



Some clinical studies showed that using **Guna®-Flu/Omeogrighi®** and the anti-influenza vaccine at the same time drastically increases the prophylactic coverage compared to an exclusive use of the anti-influenza vaccine, as can be seen in the following table:

MORBIDITY			
	OR	(IC 95%)	
Anti-influenza-vaccine group (A)	0,22	0,10	0,45
Guna®-Flu/Omeogrighi® group (B)	0,38	0,16	0,89
Guna®-Flu/Omeogrighi® + anti-influenza vaccine group (C)	0,11	0,04	0,33

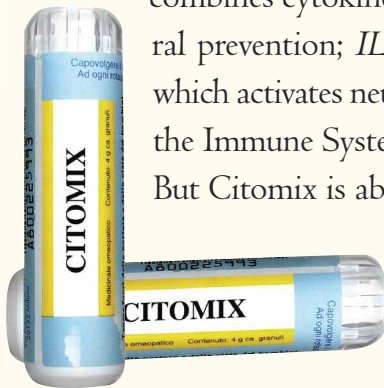
Colombo M., Rigamonti G., Danza M.L., Bruno A. - Comparative evaluation of Guna®-Flu vs vaccine for the prevention of influenza syndrome in paediatrics – A prospective, multicentric randomized, controlled clinical trial. *Physiological Regulating Medicine*, 2007/1; 3-10.

QUESTION
7

In the next few months we will have to face the seasonal influenza, the swine influenza and at least another 200 different viruses which cause symptoms similar to those of influenza. What are the remedies we can use to get an immunological booster effect?

ANSWER
7

An excellent remedy in these hazardous situations is the homeopathic remedy **Citomix**. It combines cytokines (*IFN-gamma* and *IL-2*, which make it effective as an antiviral prevention; *IL-4*, which activates B lymphocytes and increases IgA; *GCSF*, which activates neutrophils) with homeopathic ingredients capable of stimulating the Immune System effectively both in acute cases and in chronic cases. But Citomix is above all **effective to prevent bacterial superinfections**.



QUESTION
8

What are the health preventative measures to take?

ANSWER
8

The health measures to reduce the spread of any virus affecting the respiratory tract are as follows:

- Clean your hands often and carefully with water and soap;
- Put your hand before your mouth when coughing or sneezing (and then wash your hands);
- Avoid touching your eyes, nose and mouth, which are an easy way to contract a virus;
- Stay at home when the early influenza symptoms are appearing;
- Avoid attending crowded places when many flu cases have been recorded.

As the nose and the mouth are the main access of a virus to the body, the protection effect of **Guna®-Rhino Nose Spray** is a further help to prevent influenza. If you spray it into your nostrils daily, you stimulate the MALT (Mucosa Associated Lymphoid Tissue). This induces the cytotoxic T cells and the mucosa cells of the upper respiratory tract to increase the synthesis of *Interferon-gamma* (that is one of the ingredients of the formulation), and has a beneficial anti-inflammatory action.





What is the best period to begin the anti-influenza preventative treatment?



As soon as you can. The best period are the **early weeks of September**. After taking the early doses of **Guna®-Flu/Omeogriphi®** you can observe a considerable increase of the immune response. However, it is only at the end of the whole therapeutic cycle (6-8 weeks) that you can reach the highest prophylactic coverage.

REMINDER OF ANTI-INFLUENZA PROPHYLAXIS:

PREVENTION	EARLY SYMPTOMS
<p>Guna®-Flu/Omeogriphi® One dose per week for 6 – 8 weeks</p> <p><i>you could also take:</i></p> <p>Citomix 10 pellets once a week for 6 – 8 weeks</p> <p>Guna®-Rhino Nose Spray 1-2 sprays into each nostril twice a day for 6 – 8 weeks</p>	<p>Guna®-Flu/ Omeogriphi® One single dose every 6 – 8 hours for 3 – 4 days</p>



GUNA®-FLU / OMEOGRIPHI®

Ingredients:

Aconitum napellus 5C, Anas barbariae, Hepatis et Cordis extractum 200CK, Asclepias vincetoxicum 5C, Belladonna 5C, Cuprum metallicum 3C, Echinacea angustifolia 3C, Influenzinum 9C..

Uses: prevention and treatment of influenza and cold syndrome.

Directions:

- *Prevention:* 1 dose a week for at least 6-8 weeks. Repeat this cycle after 45 days.
- *Treatment of acute symptoms:* 1 dose 1-3 times daily.



CITOMIX

Ingredients:

Ananassa 3X, Granulocyte colony stimulating factor 4C/9C/15C/30C, Hydrocotyle asiatica 3X, Interferon gamma 4C, Interleukin 1beta 5C, Interleukin 2 5C/7C, Interleukin 4 4C, Interleukin 6 7C/9C/15C, Lymphatic vessel, Porcine 4C, Medulla ossis suis 4C, Mountain cranberry 3X, Thymus gland, Porcine 4C.

Uses: non-specific potentiation of the immune response; influenza; parasitic bacterial infections.

Directions:

- *Seasonal prevention:* 10 pellets once a week for 6-8 weeks. Repeat this treatment after 45 days.
- *Treatment of acute symptoms and prevention of complications:* 10 pellets twice a day for 2-3 days. Continue with 3-5 pellets twice daily for 5-7 days.
- *Prevention of recurrent episodes:* 3-5 pellets daily for 6-8 weeks.

GUNA®-RHINO NOSE SPRAY

Ingredients:

Allium cepa 6X/8X/12X, Apis mellifica 6X/12X/30X/200X, Aralia racemosa 1X, Argentum nitricum 10X, Ascorbic acid 2X, Black currant, Bark 1X, Cistus canadensis 4X, Copper gluconate 4X, Euphorbium officinarum 4X, Histaminum hydrochloricum 30/200X, Interferon gamma 4C, Interleukin 10 4C, Interleukin 12 4C, Manganese gluconate 4X, Melilotus officinalis 3X, Plantago major 2X, Rosa canina, Bark 1X, Sambucus nigra 2X.

Uses: acute and chronic rhinopathy with vasomotor and allergic etiology; Treatment of serous and seromucous rhinorrhea; Difficult breathing (especially during the night).

Directions:

- *Prevention:* 1-2 sprays into each nostril twice daily for 6-8 weeks.
- *In the acute phase:* 1-2 sprays into each nostril 5-6 times daily; Children under 6: 1 spray 3-4 times daily.



QUESTION
10

Are there scientific publications on controlled clinical trials proving the efficacy of the above mentioned homeopathic remedies?

ANSWER
10

Of course.

Please find the list of the controlled clinical trials proving the efficacy of Guna[®]-Flu / Omeogriphi[®] and Citomix as follows:

- Colombo M., Rigamonti G., Danza M.L., Bruno A. - Comparative evaluation of Guna[®]-Flu vs vaccine for the prevention of influenza syndrome in paediatrics – A prospective, multicentric randomized, controlled clinical trial. *Physiological Regulating Medicine*, **2007/1**; 3-10.
- Supino C. – Prevenzione delle infezioni delle alte vie respiratorie in età pediatrica con Omeogriphi[®]. Studio multicentrico controllato. *La Med. Biol.*, **2002/3**; 19-23.
- Colombo M. – Citomix nella prevenzione delle complicanze più frequenti della varicella in età pediatrica. *La Med. Biol.*, **2009/2**; 5-13.
- Arrighi A. – Citomix vs Immucytal[®] nella prevenzione e terapia delle Infezioni Respiratorie Acute in età pediatrica – Studio prospettico controllato. *La Med. Biol.*, **2009/3**; 3-11.



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