

CORONA VIRUS, ADDENDUM

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As I noted in the original piece I did on the corona virus and the suggested protocol for it, that paper was tremendously oversimplified. The reason is that after I completed the significant updates for the Healing Lyme book, I vowed to never write another medical herbal. The work is simply too demanding, the review of thousands of peer reviewed journals exhausting, and working up the bibliography . . . I would rather have my teeth drilled. Nevertheless, a few problems have arisen which I think need to be addressed; the simplification of the corona virus article is leading to some concern and confusion on a couple of technical matters.

The main one appears to be in response to a very short article in the *Lancet*, “Are patients with hypertension and diabetes mellitus at increased risk for Covid-19 infection?” While the speculations of the authors are only that . . . speculations . . . they do raise a very good point. It is this: because the corona virus attaches to ACE2 receptors will that not increase the number of receptors available to the virus, thus increasing disease presence in the lungs, *in people who are taking ACE2 upregulators/ACE inhibitors?*

Because my simplified article asserted that a primary rationale for the protocol was to use ACE2 upregulators/ACE inhibitors (among a number of other approaches) there is concern among some people that the protocol might worsen infection rather than ameliorating it. I understand the concern. So . . . let’s drag it all out from under the rug and look at it a bit. (Again, while in more depth, this is also a simplification – though less so than before. A look at my medical herbals shows just how technical and deep these kinds of discussions can become.)

There are a number of crucial points to keep in mind. The first is this: plant medicines are absolutely *not* drugs. They are far more complex in their actions. The way I discussed them in the initial corona virus article simplified that considerably. To go into it a bit . . . drugs are single chemical structure entities. A great many of them are designed to force an alteration in physiological functioning, to lower blood pressure or to increase levels of ACE2, for instance. Drugs almost never treat the underlying condition which is causing the symptoms; they just force the body to behave, to move into a range of behavior that some people have decided it must be within. This is a terribly flawed approach to disease but a very profitable one for pharmaceutical companies. The last thing they want is for people to get well and to no longer need the drugs. It is simply a kind of “Ve haf vays to make you behaf.” Plant medicine and the healing system it comes out of is quite different.

It is crucial to understand that plant medicines are not simple. They have multiple constituents that do many things and they tend to work in synergy with each other. If other herbs are added to the mix then the synergy becomes even more complex. Ultimately, despite all the intellectualism and mental analysis, herbalism is an art form, not give to the kind of misplaced reductionism of pharmaceuticals . . . though of course most people in the west insist on trying to do so anyway.

As an example: In that initial paper I mentioned that a rationale for the use of kudzu (*Pueraria*) is that it enhances ACE2 expression while lowering ACE. What I did not do is go into depth on its complex actions as a plant medicinal. And while I am not going to do a complete monograph here, I will just take one small, tiny, minuscule look at its more complex actions. To do so I am *only* going to look at *one* paper and to make matters worse that one is an in vivo study

(rats) of the use of an isolated constituent of kudzu, puerarin. I could have pulled out several hundred journal studies, looked at the historical use of the herb across cultures, and so on, but it would take a great deal of time that I don't actually have. This is simply making the point.

Specifically: researchers created what is called systemic inflammatory response syndrome (SIRS) in rats by giving injecting them with zymosan-A. This caused a substantial systemic increase in a number of cytokines, including TNF-a and IL-6 (which are markers of increased inflammation) and a reduction in IL-10 (which tends to modulate inflammation). Those rats who were not given puerarin died rather rapidly. The rats given puerarin were protected from SIRS because the compound "significantly" reduced IL-6 and TNF-a levels while "markedly" increasing IL-10. In essence, kudzu, like many herbs is a cytokine modulator. This, by the way, bears out the traditional use of the herb for several millennia in China for a number of inflammatory conditions.

So . . . in the corona virus protocol itself, there are plants that specifically protect ACE2 integrity and reduce viral attachment and invasion. Then you have kudzu which can increase ACE2 levels while reducing ACE but which at the same time modulates excess inflammation in the lungs (as many of the herbs in this protocol do). The herb does many things, not one.

The reason why increasing ACE2 is important is that the lungs need ACE2 in order to function well. In the elderly those levels are often significantly reduced. This is one of the reasons why their lungs are a major point of entry for disease organisms, why they often die of pneumonia. So, in that population increasing ACE2 is important.

Kudzu is absolutely *not* a pharmaceutical, it is very complex. The problem with elderly patients who are on multiple pharmaceuticals, some of which force an increase in ACE2 or force

a decrease in ACE is that those drugs *only* do that, they do not act as complex modulators or synergists, enhancing physiological functioning, moving it toward health. So, again, it is not possible to look at plant medicines the same way that you look at drugs; they are not remotely the same things.

As to treating the elderly who are on drugs . . . that is not what this protocol is about. One of the very difficult problems we ran into in our clinical practices is the large number of drugs that most Americans are taking daily. In the case of treating hundreds of people with Lyme infections, by the time they got to an herbalist they had been on pharmaceuticals for years. And most of those drugs were simply prescribed from guesswork, not an accurate diagnosis. So, correcting for that involved a great deal of work.

People want to know if this protocol will successfully treat every single person who becomes Covid-19. I can't answer that. It would entail a deep examination of that person's health status, the drugs they are on, and then modulating the protocol to deal with the potential drug/herb interactions and so on ad infinitum.

The corona virus protocol is simply that, a protocol designed for the average healthy person who is somewhat advanced in age (the most susceptible group) without any reference to their existing medical conditions or any drugs they are on. (This is true of every protocol for every condition I have ever written about.) This is where treatment begins, then the practitioner has to alter that for things like pregnancy, drugs, existing conditions, and so on.

We are not doctors, we are something else. We don't spend five minutes with the people who need our help but hours and days and weeks. Our job is to companion people in the journey through suffering, to help them get to the other shore if at all possible. And that takes a great deal

of actually seeing the person in front of us and modulating protocols minute by minute if necessary. That is our job. But this always has to begin someplace that is based on some kind of legitimate understanding, some kind of legitimate rationale, not merely guesswork. That is what this protocol is designed to be. That is what it is. The place to start.

References:

Fang, Lei, Karakiulakis, Roth. Are patients with hypertension and diabetes mellitus at increased risk for COVID-19 infection? *The Lancet* March 11, 2020.

Quan, Sheng and Jian-Jun Wang. Protective effects of puerarin from the roots of *Pueraria lobata* against systemic inflammatory response syndrome by regulating levels of related cytokines, *Biology*, 201, accessed at [Semanticscholar.org](https://www.semanticscholar.org) 3/15/2020.

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