

***Shingles
Treatment
at Home***

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SHINGLES TREATMENT AT HOME

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This book is for educational purposes only. It is based on my own personal research and on my interpretation of published scientific studies. I am not a medical doctor and I do not provide medical advice.

As per recommendations (demands) by the U.S. Food and Drug Administration (FDA), I must state the obvious: This book is not intended as a substitute for medical advice of physicians. The information provided here is designed to help you make informed decisions about your health. However, before following any dietary recommendations in this book or any other diet regimen, you should consult your physician.

Regarding your choice of physicians, the best starting point is generally a naturopathic doctor or other health practitioner who has been trained in natural approaches to diet and health. Consider FDA-approved drugs and surgeries as desperation measures of last resort.

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How to Be Healthy Naturally:
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INTRODUCTION

Wouldn't you agree that life is too short to put up with so-called age-related infections such as shingles? Yeah, me too. It seems to strike us 'mature' folks more than the younger generations.

That's changing. Infectious disease, and all Diseases of Civilization for that matter, are continually reaching deeper into younger age groups.

Modern medicine – bless their little pea-pickin' hearts – has a variety of answers for why that's the case. Such conventional wisdom is the foundation for developing antiviral drugs, vaccines, and symptom treatments for shingles.

The latter includes pain meds for post-herpetic neuralgia (PHN), which is a fancy way of saying it still hurts like hell after an outbreak subsides. Sometimes for months or years afterwards.

Of course, very few such modern developments address the real causes behind shingles outbreaks. And, as a consequence, they fail to provide the best preventions and treatments that Mother Nature already has for us.

As an herb guy I can say unequivocally that the plant kingdom is a great resource. Ignore it at your own peril.

Herbal medicine is just a start. We have many other tools in our natural medicine chest.

In this ebook I'll explain some of the best ones I've found based on my laboratory research, on published scientific literature, and on a personal experience with my own case of shingles.

What you may not know is that modern medicine holds a very limited view of what infectious disease really is. This view hobbles development of any kind of natural approach to resisting infections.

Of course, that includes shingles outbreaks – what causes them and what to do for preventing and treating them.

This book will first take a little dive into what conventional medical “wisdom” has to say about shingles. Then we’ll see how that compares with what Mother Nature already provides in your defense against outbreaks.

As you’ll see, taking a natural approach means you have control over how to prevent and treat shingles at home, on your own.

The feeling of controlling your own health is powerful enough. The bonus is also that doing so is the least expensive way to be healthy, regardless of your health challenges.

SURPRISES ABOUT INFECTIOUS DISEASE

Mainstream medicine focuses on microbes as the cause of infectious diseases. This is a very simplistic view.

Yes, microbes do play a role. It’s just not what you (or your doctor) might think. This means that going after the microbe alone is short-sighted. It may not even be very effective.

If that’s the case, the question becomes, what else can and should you do for preventing shingles and treating an outbreak if you get one?

This is where some understanding of “germs” points you in the right direction.

We’ll start with a quick overview of the “microbial cause” approach. Then we’ll move on to the main alternative cause, which will give you a much better idea of what you can do against a shingles outbreak.

Both of these views have merit for preventing and treating infectious disease. Indeed, they complement one another for a double whammy of benefits.

Now let’s start with explaining infectious disease according to conventional wisdom.

THE GERM THEORY OF DISEASE

Simply put, this theory states that microorganisms known as pathogens (“germs”) cause all infectious diseases.

This is the modern view of what’s behind infectious diseases. It’s been known in one form or another for more than a century. You may have heard of it, at least indirectly, from its association with French microbiologist Louis Pasteur.

It’s called the ***Germ Theory of Disease***.

Pasteur gets credit for it because he was its main proponent in the 1880s.

His view of the Germ Theory explains why we “pasteurize” packaged and non-packaged foods (e.g., dairy) with mild heat to eliminate pathogens.

You may not want to get too nerdy here about the ins and outs of this theory. However, I’ll just say that demonstrating a microbial cause for any infectious disease is not at all clear cut.

In fact, confirming cause-and-effect relationships in science is generally one of the most difficult things to do. What this means regarding the Germ Theory of Disease involves a special set of “tests” for showing microbes to be the cause an effect we call *disease*.

Such tests were formulated and published by Robert Koch in 1890. They became what we call “Koch’s Postulates.” These postulates entail four steps.

1. The microorganism must be found in abundance in all organisms suffering from the disease, but should not be found in healthy organisms.
2. The microorganism must be isolated from a diseased organism and grown in pure culture.
3. The cultured microorganism should cause disease when introduced into a healthy host.

4. The microorganism must be re-isolated from the inoculated, diseased experimental host and identified as being identical to the original specific causative agent.

Meeting all four postulates is supposed to establish a causative relationship between a microbe and a disease.

Sounds pretty simple, doesn't it?

Well, yes and no.

Koch formed his postulates to prove the *bacterial* causes of cholera and tuberculosis.

This is where the Germ Theory gets a little sticky. For one thing, Koch's postulates don't always work. They fail, for example, in cases of asymptomatic carriers and of subclinical infections, both of which are common features of many infectious diseases.

Those observations led Koch to abandon Step 1 completely.

In addition, viruses weren't even known during Koch's time. We now know that carriers of many *viral diseases* are often asymptomatic or subclinical.

This has long been known as a particularly common feature of polio, herpes, HIV/AIDS, and hepatitis C. (It's true for shingles, too.)

More recently, it turns out that COVID-19 also exhibits this property.

In addition, viruses are obligate cellular parasites. Culturing them according to Step 2 requires live host cells, which automatically undermines the "pure culture" requirement. This creates a dilemma as to which kinds of host cells to use for culturing them. The choice is hit or miss.

Step 2, therefore, has to be suspended for viral diseases.

Regarding Step 3, Koch himself showed that bacteria associated with tuberculosis and cholera didn't always lead to infection in a healthy host.

Nowadays, confirming Step 3 is widely regarded as simply unethical. Can you imagine the uproar if we pursued a COVID-19 re-infection step in a healthy host **on purpose**? Or for any other kind of “viral” disease?

Me, neither.

Universal application of Koch’s postulates in support of the Germ Theory of Disease reveals additional exceptions. For example, a single pathogen can be associated with several diseases. And a single disease can be associated with several different microbes. (The common cold comes to mind here – which is one reason we don’t have a “cold vaccine.”) Another, perhaps even bigger issue, is the occurrence of some pathogens in human-only diseases (e.g., HIV or **human** immunodeficiency virus).

SIDENOTE: Online bloviators and conspiracy theorists abound who cite the failure of Koch’s postulates in demonstrating the coronavirus, SARS-CoV-2, to be the cause of COVID-19. This breathless “reporting” is often the basis for claiming the pandemic to be a hoax. Questioning Koch’s postulates, even by Koch himself, is nothing new. They simply don’t work for viruses. Citing their failure as evidence for a hoax is jumping to a dangerously unwarranted conclusion.

Although this little section seems to trash the Germ Theory of Disease, we don’t want to throw out the baby out with the bath water. We do have an alternative theory that provides much greater explanatory power for understanding infectious disease.

It’s somewhat complementary to the Germ Theory. Let’s take a look at it to see how we can apply its basic tenets to figuring out what to do about shingles. After all, that’s the ultimate nut this book is about.

The bottom line here is that scientific consensus about germs isn’t necessarily what it’s cracked up to be. Indeed, as you’ll see below, explaining *viral diseases* through the lens of the Germ Theory of Disease fails on most counts for developing effective preventions and treatments.

As you'll also see later in this book, the "viral disease" we call shingles offers additional oddities that undermine the applicability of the Germ Theory in explaining it.

IF NOT THE GERM THEORY, THEN WHAT?

The Germ Theory is all about the microbe. The alternative is all about the host. It's the basis for the **Cellular Theory of Disease**.

If you haven't heard of this theory, that's because mainstream medicine has been squashing it for more than a century. Yup, it's more than a century old.

In fact, the Cellular Theory of Disease strongly – and successfully – competed for medical acceptance against the Germ Theory in Pasteur's time. The main proponent behind the Cellular Theory was another French scientist, Antoine Béchamp.

Béchamp and Pasteur were not only contemporaries, they were bitter rivals. As is so often the case, the "winner" between the two was the louder and more recognizable of the two, Pasteur.

If you always believed science to be objective, this may come as a shock to you: *theories often become accepted based on the personalities behind them, not on the science itself.*

The Cellular Theory hasn't been forgotten. It's just taken a back seat to the Germ Theory – sort of. Let's take a look and see what this alternative theory entails.

In its simplest form, Béchamp's theory states the following:

A person's poor internal "terrain" (essentially, the state of health of the human body's cells, tissues, and immunity) allows opportunistic germs to invade, thereby culminating in infectious disease.

This theory is now more commonly referred to as the "Terrain Theory," which is more descriptive. I will use that term, since talking

about a person's health status – i.e., terrain or bioterrain – makes more sense.

Here's a real kicker regarding Béchamp's theory ... it means the presence of an infectious disease is merely a sign of a host's poor terrain. It also means that preventing and treating infectious disease depends on cultivating good health, not on killing germs.

Fortunately, in that case, you have complete control over your terrain via lifestyle choices such as diet, exercise, stress management, good sleep, etc., etc.

In other words, when it comes to infectious disease, the ball is in your court. It's completely up to you. The challenge is understanding what good lifestyle choices really are among an abundance of often contradictory medical advice. I'll have much more to say about that shortly.

Pasteur's Last Words?

In a super interesting twist to the debate about these two competing theories, Pasteur apparently had a change of heart just before he died. The following quote is attributed to him at the end of his life:

Le microbe n'est rien, le terrain est tout.
(The microbe is nothing, the terrain is everything.)

Although he may have been quoting one of his other contemporaries, most likely Claude Bernard, it reflects Pasteur's change of thinking about the role of microbes in causing infectious disease.

He essentially put his own theory on the chopping block. However, we are still stuck with it in the 21st century.

A Sneaky Resolution

We don't have to choose between these two competing theories. In spite of slamming the Terrain Theory, modern medicine actually views infectious

disease from both points of view. This is pretty sneaky, since nobody really says that's what they're doing.

Conventional wisdom still blames microbes as the cause of infectious disease (Germ Theory). Yet, speaking out of both sides of their mouth, mainstream medicine also points out those who are “at risk” as being more susceptible to infection (Terrain Theory).

At risk? This is another way of referring to poor health – i.e., the ***terrain*** of a potential host.

This is duplicitous to the max. On one hand, Western medicine's germ phobia underpins the development of vaccines and drugs for preventing and treating infections.

It shouldn't surprise you one bit to know that big-time money is involved with this approach. Really, really **BIG**-time.

On the other hand, you'll often hear of the increased danger of infection to at-risk (poor terrain) groups.

These two views have never been more apparent than with the COVID-19 pandemic. The search for vaccines and drugs speeds ahead at warp speed (meaning, not so much concern about safety). All the while, we hear warnings about the susceptibility of highly at-risk groups – mainly those with diabetes, high blood pressure, and cancer.

SIDENOTE: The at-risk groups routinely include the “elderly” as well. The implied umbrella “disease” here is aging itself. This is extremely short-sighted. So much so that I launched a website to address so-called age-related diseases that have little to do with aging at all. If you, like me, take exception to being labeled “at risk” for disease, including infectious disease, due to aging, see what I have to say about it here: [Boomer Health Center](#) (*How We Can Achieve Wellness In Spite of Dangerous and Costly Modern Medicine*).

SHINGLES IN MAINSTREAM MEDICINE

Sorting through the mainstream medical views of shingles also reveals the “duality” of these two theoretical approaches to understanding, preventing, and treating this disease.

Here is a typical example of what you’ll find online. The following is provided at the Mayo Clinic website about [shingles](#).

Causes. *Shingles is caused by the varicella-zoster virus - the same virus that causes chickenpox. Anyone who's had chickenpox may develop shingles. After you recover from chickenpox, the virus can enter your nervous system and lie dormant for years.*

Eventually, it may reactivate and travel along nerve pathways to your skin - producing shingles. But, not everyone who's had chickenpox will develop shingles.

The reason for shingles is unclear. But it may be due to lowered immunity to infections as you grow older. Shingles is more common in older adults and in people who have weakened immune systems.

Varicella-zoster is part of a group of viruses called herpes viruses, which includes the viruses that cause cold sores and genital herpes. Because of this, shingles is also known as herpes zoster. But the virus that causes chickenpox and shingles is not the same virus responsible for cold sores or genital herpes, a sexually transmitted infection.

Symptoms. *The signs and symptoms of shingles usually affect only a small section of one side of your body. These signs and symptoms may include:*

- *Pain, burning, numbness or tingling*
- *Sensitivity to touch*
- *A red rash that begins a few days after the pain*
- *Fluid-filled blisters that break open and crust over*
- *Itching*
- *Fever*
- *Headache*

- *Sensitivity to light*
- *Fatigue*

Pain is usually the first symptom of shingles. For some, it can be intense. Depending on the location of the pain, it can sometimes be mistaken for a symptom of problems affecting the heart, lungs or kidneys. Some people experience shingles pain without ever developing the rash.

Most commonly, the shingles rash develops as a stripe of blisters that wraps around either the left or right side of your torso. Sometimes the shingles rash occurs around one eye or on one side of the neck or face.

Contagion. *A person with shingles can pass the varicella-zoster virus to anyone who isn't immune to chickenpox. This usually occurs through direct contact with the open sores of the shingles rash. Once infected, the person will develop chickenpox, however, not shingles.*

Chickenpox can be dangerous for some people. Until your shingles blisters scab over, you are contagious and should avoid physical contact with anyone who hasn't yet had chickenpox or the chickenpox vaccine, especially people with weakened immune systems, pregnant women and newborns.

Risk factors. *Anyone who has ever had chickenpox can develop shingles. Most adults in the United States had chickenpox when they were children, before the advent of the routine childhood vaccination that now protects against chickenpox.*

Factors that may increase your risk of developing shingles include:

- *Being older than 50. Shingles is most common in people older than 50. The risk increases with age. Some experts estimate that half the people age 80 and older will have shingles.*
- *Having certain diseases. Diseases that weaken your immune system, such as HIV/AIDS and cancer, can increase your risk of shingles.*
- *Undergoing cancer treatments. Radiation or chemotherapy can lower your resistance to diseases and may trigger shingles.*

- *Taking certain medications. Drugs designed to prevent rejection of transplanted organs can increase your risk of shingles — as can prolonged use of steroids, such as prednisone.*

Prevention. *Two vaccines may help prevent shingles - the chickenpox (varicella) vaccine and the shingles (varicella-zoster) vaccine.*

The varicella (chickenpox) vaccine (Varivax) has become a routine childhood immunization to prevent chickenpox. The vaccine is also recommended for adults who've never had chickenpox. Though the vaccine doesn't guarantee you won't get chickenpox or shingles, it can reduce your chances of complications and reduce the severity of the disease.

Shingles vaccines include two options: Zostavax and Shingrix.

Zostavax, which was approved by the Food and Drug Administration (FDA) in 2006, has been shown to offer protection against shingles for about five years. It's a live vaccine given as a single injection, usually in the upper arm.

Shingrix was approved by the FDA in 2017 and is the preferred alternative to Zostavax. Studies suggest Shingrix offers protection against shingles beyond five years. It's a nonliving vaccine made of a virus component, and is given in two doses, with two to six months between doses.

Shingrix is approved and recommended for people age 50 and older, including those who've previously received Zostavax. Zostavax isn't recommended until age 60.

The most common side effects of either shingles vaccine are redness, pain, tenderness, swelling and itching at the injection site, and headaches.

As with the chickenpox vaccine, the shingles vaccine doesn't guarantee you won't get shingles. But this vaccine will likely reduce the course and severity of the disease and reduce your risk of postherpetic neuralgia. The shingles vaccine is used only as a prevention strategy. It's not intended to treat people who currently have the disease.

Diagnosis. Shingles is usually diagnosed based on the history of pain on one side of your body, along with the telltale rash and blisters. Your doctor may also take a tissue scraping or culture of the blisters for examination in the laboratory.

Shingles generally lasts between two and six weeks. Most people get shingles only once, but it is possible to get it two or more times.

Treatment. There's no cure for shingles, but prompt treatment with prescription antiviral drugs can speed healing and reduce your risk of complications. These medications include:

- Acyclovir (Zovirax)
- Valacyclovir (Valtrex)

Shingles can cause severe pain, so your doctor also may prescribe:

- Capsaicin topical patch (Qutenza)
- Anticonvulsants, such as gabapentin (Neurontin)
- Tricyclic antidepressants, such as amitriptyline
- Numbing agents, such as lidocaine, delivered via a cream, gel, spray or skin patch
- Medications that contain narcotics, such as codeine
- An injection including corticosteroids and local anesthetics

Lifestyle and home remedies. Taking a cool bath or using cool, wet compresses on your blisters may help relieve the itching and pain. And, if possible, try to reduce the amount of stress in your life.

The Germ Theory Approach

The Germ Theory is dominant here, which is to be expected. The “cause” of shingles is a virus – varicella zoster (aka, herpes zoster).

Vaccines. Based on a viral causality, modern medicine offers vaccines as the primary strategy for preventing shingles. As stated above, these start with the [chickenpox vaccine](#) for building immunity to the virus in those who haven't had chickenpox yet.

More recently, two specific [shingles vaccines](#) have become available. The first, Zostavax, was approved for use in the U.S. in 2006. The second, Shingrix, was approved in 2017.

Note that the links above are to the Wikipedia pages for these vaccines. The reason I mention that detail is to call to your attention that Wikipedia has joined forces with Google and other online giants in glorifying mainstream medicine at the expense of natural approaches to health. Information on these pages presents a much rosier picture of current vaccines than is warranted.

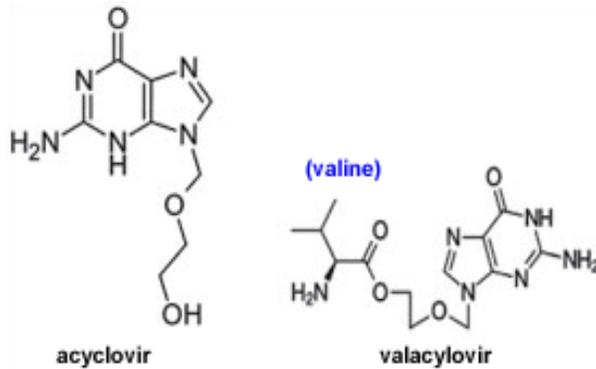
These are NOT balanced sources of information. If you are truly interested in learning about the real details behind vaccines, read the best book I've found on the topic, *Dissolving Illusions: Disease, Vaccines, and The Forgotten History* (2013), by Suzanne Humphries and Roman Bystryanyk.

It's available from multiple online sources. The book has apparently hit a raw nerve in medicine. You can tell by the abundance of disinformation campaigns and personal attacks against Dr. Humphries online. She has clearly threatened some big money interests in the pharmaceutical industry.

I won't dig into this topic right now. Let's just say that the history of vaccines is a sordid one, marked by corruption and subterfuge. When it comes to vaccinations, learn all you can before you decide to get them.

Antiviral drugs. As mentioned on the Mayo Clinic website, there are two antiviral drugs for treating shingles (and other herpes infections):

- Acyclovir (Zovirax)
- Valacyclovir (Valtrex)



They both work in exactly the same way. Valtrex came into being when the patent on Zovirax ran out. The only difference is the addition of an amino acid, valine, to acyclovir (see above). The amino acid comes off so easily that Valtrex immediately becomes Zovirax. (Now both are off patent.)

The main mechanism of these two drugs should give pause. Their activity comes from being an analog of a DNA base called guanosine. When this “fake” DNA component gets into the real stuff, it interrupts the synthesis of any new DNA.

That’s good if the drug gets into the viral DNA. It’s not so good if it gets into the host DNA – i.e., yours. DNA synthesis is a key process for making new cells in the immune system.

What all this means is that antiviral drugs disrupting DNA synthesis effectively suppress the host’s immune system. That’s quite a Catch-22, wouldn’t you say?

The Terrain Theory Approach

Do you see anything even indirectly referring to your bioterrain? It’s very subtle. The first hint comes under “risk factors” for getting shingles, listed earlier.

The top risks are age, pre-existing conditions, and immune-suppressing treatments for cancer, organ transplants, and inflammation (i.e., steroids).

A less obvious mention, under *Lifestyle and home remedies* above, is, “...if possible, try to reduce the amount of stress in your life.”

Oh, one more thing. The Mayo Clinic page on shingles also has a link to their book, [Mayo Clinic Book of Home Remedies](#). It goes for the bargain-basement price of \$24.95.

When I took a look at the preview available for the book, I discovered a single page (p. 148) listed for shingles. One page of home remedies for shingles. Wow - color me NOT impressed! I am a bit curious about what's on that page, just not enough to fork out nearly 25 bucks, plus shipping, to find out.

Additional Resources – Not a Lot Different

Many other resources are available online. The [shingles page at our CDC](#), for example, is nearly identical to that of the Mayo Clinic. The CDC does provide a bit more insight into treating an actual outbreak, with this comment:

Pain medicine, either over-the-counter or a prescription from your doctor, may help relieve the pain caused by shingles. Wet compresses, calamine lotion, and colloidal oatmeal baths (a lukewarm bath mixed with ground up oatmeal) may help relieve itching.

The best part of that advice is about oatmeal. It's a well-known and effective treatment for skin problems, including itching. Commercial skin care brands are even available that contain oat extract (e.g., [Aveeno](#)).

WebMD has a pretty good overall approach for how to handle shingles on your own. The article, [7 Simple Self-Care Tips for Shingles](#), heads in the right direction by offering at least some pointers about improving your bioterrain.

They include reducing stress, eating nutritiously, getting good sleep, and doing light exercise.

The WebMD page also suggests distracting yourself by talking with friends, listening to music, reading a book, watching a favorite movie, or working on a hobby. That's all great advice for a happy life in general, although what any of these strategies do for treating shingles is a big unknown.

More interestingly, suggestions for doing meditation, tai chi, and yoga add to the list of ways to reduce stress. These approaches may seem like “new-age-y” folderall. However, as I will explain later, there’s some good research showing the value of tai chi specifically for preventing and treating shingles.

Whoda thunk it?

SHINGLES IN ALTERNATIVE MEDICINE

Natural approaches to preventing and treating shingles are appealing for several reasons. They are less expensive, generally free of side effects, and often more helpful than having a pharmaceutical albatross around your neck.

Conceptually, alternative medicine isn’t a lot different from mainstream medicine for treatment choices. The actual choices themselves are, of course, not the same. Herbs instead of drugs lead the way. One pleasant surprise that isn’t widely known is what I call “natural vaccines” against infectious microbes.

We’ll start by describing how alternative medicine addresses the two main theories for infectious disease.

The Germ Theory Approach

This approach is based mostly on using antiviral herbs. That means attacking the microbes according to the perspective of the Germ Theory.

As an herb guy specializing in plant chemistry, I am partial to the Plant Kingdom as the best starting point for finding good antivirals. Every one of the 300,000-plus known species of plants produces antiviral substances.

Plants, like us, are surrounded by microbes. They have their own set of infectious viruses. Plants would be sitting ducks without the chemicals they make for resisting destruction by microbes. Fortunately for us, this means a wide array of natural antiviral substances – numbering in the tens of thousands – are available to us.

Herbs offer many advantages over synthetic drugs. One is that they have a super-long folk medical history in every culture in the world. Another is a long list of herbs known for their effects against human diseases that we now know as microbe-associated. No matter where you go in the world, antimicrobial herbs will be known from that area. Planet-wide, the total number is in the thousands.

A couple more advantages with herbs are: 1) unlike the use of synthetic drugs, whole herbs and extracts do not lead to the development of resistant microbes; and, 2) mixtures of multiple ingredients in an herb generate synergistic effects – meaning the antiviral activity of several substances in a mixture is more powerful than any single compound.

The challenge is knowing which herbs are most effective and where to get them. Narrowing down the list is a bit simpler since most herbs are not available commercially. Even so, the list of antiviral herb supplements comprises hundreds of species.

For that reason, I've chosen the best ones I know of based on the research backing them up and on the ease of finding them in nutrition stores.

Plant Kingdom to the Rescue

The following list comprises herbs that should be in everyone's antiviral pantry. These are the best of the easy-to-find herbs with strong effects against viruses of all kinds.

ELDERBERRY (*Sambucus nigra*). The common black elderberry contains ingredients that bind to the outer parts of viruses that are used for piercing and invading the host's cells. It is best used as a syrup.

GARLIC (*Allium sativum*). This well-known herb is a triple threat – i.e., antiviral, antibacterial, and antifungal. The good news is, if you love garlic, it works best when chewed raw. Supplements of garlic extracts are also available, although several of garlic's active ingredients break down upon extraction.

GREEN TEA (*Camellia sinensis*). Maybe I should have led with this one, since the active ingredients are flavonoids – my specialty in plant chemistry. These flavonoids, classified as catechins (e.g., EGCG), block

enzymes that enable viral replication. As tasty as a cup of green tea might be, supplements with standardized amounts of catechins are probably a better choice.

LICORICE ROOT (*Glycyrrhiza glabra*). Licorice produces a substance called glycyrrhizin, which inhibits viral replication. Heads up on licorice supplements, though. Glycyrrhizin may deplete potassium levels, potentially leading to higher blood pressure. Many licorice supplements are labeled 'DGL' or deglycyrrinated licorice because this substance has been removed from its extracts. Such preparations are not useful as antivirals.

OLIVE LEAF (*Olea europea*). Leaves of the ordinary olive tree are a darling among herbalists for their many health benefits. Ingredients in these leaves inhibit enzymes involved in viral replication, similar to what green tea does. Leaf powders and extracts of olive leaves are widely available.

PAU D'ARCO (*Tabebuia impetiginosa*). The inner bark of this herb contains quinoids that can damage the DNA and RNA of viruses before they can insert themselves into healthy human cells.

ST JOHN'S WORT (*Hypericum perforatum*). This herb is better known as a treatment for mild depression. However, it also produces two substances that act by "de-cloaking" viruses. Viruses can masquerade as human cells. The activity of St. John's Wort nixes the mechanism that viruses have for escaping recognition by our immune system.

OREGANO (*Origanum vulgare*). The mint family in general is loaded with antiviral herbs. Oregano is at the top of the list. Oil of oregano is especially effective against respiratory viruses. WARNING: This is pretty hot stuff, so watch out for the burn when you put a few drops on your tongue.

Selecting from among these herbs gives you a variety of mechanisms of action against viruses. Since viruses evolve so fast, this is a key to maintaining broad effects against them no matter how quickly or how much they change.

The Crown Jewel of Antiviral Herbs

Much of my professional career focused on the researching the chemistry and antiviral activity of a local shrub here in the southwestern U.S. My

interest began in graduate school at the University of Texas, where several of my fellow graduate students were studying its chemistry.

This shrub, the creosote bush (*Larrea tridentata*), produces a huge array of natural substances with many biological activities. Its phenomenal chemical diversity, along with its widespread occurrence in three deserts (Mojave, Sonoran, Chihuahuan), led indigenous people to discover a long list of medical uses for it.

The antiviral activities of certain substances made by *Larrea* really caught my attention. A decoction from the leaves, for example, was used as a wash for relief from chickenpox.

A Geeky Interlude. My interest in the antiviral substances in *Larrea* was especially piqued by research at Johns Hopkins University in the mid-1990s. It was initially published in the following journal articles:

Gnabre, J.N. and others. 1995. *Inhibition of human immunodeficiency virus type 1 transcription and replication by DNA sequence-selective plant lignans*. Proceedings of the National Academy of Sciences 92: 11239-11243.

Gnabre, J.N. and others. 1995. *Characterization of anti-HIV lignans from Larrea tridentata*. Tetrahedron 51: 12203-12210.

Gnabre, J.N. and others. 1996. *Isolation of anti-HIV-1 lignans from Larrea tridentata by counter-current chromatography*. Journal of Chromatography 719: 353-364.

This research was the basis for several patents about inhibiting HIV (U.S. Patent and Trademark Office: #5663209, #5989555, #6291524, #6365787, #RE40246).

In addition, at about the same time, my favorite class of plant natural products – flavonoids – were also found to inhibit HIV.

Critchfield, J.W. and others. 1996. *Inhibition of HIV activation in latently infected cells by flavonoid compounds*. AIDS Research and Human Retroviruses 12: 39-46. Kaul, T.N. and others.

1985. Antiviral effect of flavonoids on human viruses. *Journal of Medical Virology* 15: 71 79.

Wow...now that's really something. Ingredients in the creosote bush actually inhibit the growth of HIV!

What about other viruses, such as herpes (especially herpes zoster)?

A strong indication of what we could expect had already appeared in the scientific literature:

Amoros, M. and others. 1992. *Synergistic effect of flavones and flavonols against herpes simplex virus type 1 in cell culture. Comparison with the antiviral activity of propolis.* *Journal of Natural Products* 55: 1732 1740.

This is where initial studies in my lab expanded the activities of the lignans and flavonoids from *Larrea* to include the inhibition of all nine human herpes viruses.

Clark, W.D. and others. 1997. *Anti herpetic activity of the creosote bush (Larrea tridentata).* Conference Abstracts, Phytochemical Society of North America and Phytochemical Society of Europe, the Netherlands.

This work led to our patents on the use of *Larrea* vs. herpes viruses (U.S. Patent and Trademark Office: #5,837,252, #5,945,106, #6,004,559, #6,039,955).

End Geek Interlude. Thanks for putting up with all that science-y stuff. I feel much better now.

The main point is *Larrea tridentata* makes some very powerful antiviral substances. Some of the activities of these substances include inhibiting of HIV and herpes viruses.

One more thing. *Larrea* has broad antiviral properties against respiratory and other viruses (e.g., flu). Too bad nobody I know of is looking into its potential against SARS-CoV-2.

Finding Larrea Preparations. A few supplement companies offer products consisting of Larrea leaf powder or alcoholic leaf extracts under the name of “chaparral tea.” (This is a misnomer that we’re stuck with.)

None of the generally available preparations matches the concentrate of active ingredients with the highest anti-herpetic activity. These substances occur in the resin that coats the leaf surfaces. (This resin makes the leaves shiny – thus giving rise to the name “**creosote** bush.”)

Preparations of this resin for use against herpes were available commercially at one time. At this time, the company manufacturing them has suspended its operations. I’m not sure if or when it will resume production.

This means you must get a sample of the leaves and make the concentrate yourself. Concentrating the resin is not super difficult. You can do it in your own kitchen.

Collecting the plant itself is also simple – if you live in one of the three deserts where Larrea grows. It’s hard to miss, since it’s the most widespread shrub in all three: the Mojave in southeastern California, the Sonoran in central and southern Arizona (and adjacent Mexico), and the Chihuahuan of southern New Mexico and west Texas (and also far south into adjacent Mexico).

It’s even simpler if you have a creosote bush growing in your front yard, like I do.

I’d be happy to assist you in either of these endeavors – collecting the leaves or making the resin concentrate – if you’re really interested. I don’t have any resin ready to go or any fees for helping you get it. However, if you want to explore the possibilities, I’d suggest you contact me directly by email here: DrDennisClark@gmail.com.

Oh, and for anyone living WAY south of the border, *L. tridentata* has a handful of chemically similar, closely related species native to Argentina.

Direct Rash Treatments

Treating a shingles outbreak directly may also be warranted, depending on how annoying or painful it may be. Earlier I mentioned the use of oatmeal extract, which can relieve itching generally, regardless of whether it stems from viral activity.

One of the more Draconian measures for treating shingles pain is the use of capsaicin directly on the sores. Capsaicin is the super-hot ingredient in chili peppers. All by itself it causes a burning sensation. (Capsaicin and its relatives are the active ingredients in pepper spray.)

Research a few years ago showed the pain from applying capsaicin to a painful rash became a distraction from the pain of the rash itself. This “distraction” became more important with post-herpetic neuralgia (PHN), the lingering pain after an outbreak subsides.

PHN can be a really big deal, lasting for months or years. Relief from the use of capsaicin is now considered valuable enough for the creation of a new product called [QUTENZA](#) by Averitas Pharma, Inc. The product is a skin patch containing 8% capsaicin – which is a substantial amount.

The use of QUTENZA requires pre-application of a numbing drug. QUTENZA comes with a list of warnings, the most interesting of which is:

Do not touch QUTENZA or items exposed to capsaicin. Touching QUTENZA and then accidentally touching other areas of your body can cause severe irritation of eyes, mucous membranes, respiratory tract, and skin.

It’s pretty nasty stuff, which just goes to show you how desperate sufferers of PHN can be.

Looking to herbs, however, gives us two antivirals that provide relief from a shingles rash. The “antiviral” activity may or may not be valuable, depending on the viral load of the rash. Early on, such a rash can be loaded with viral particles. In fact, first appearance of an open blister is when shingles can be pretty contagious.

The two herbs of note are *Melissa officinalis* and *Larrea tridentata*.

Melissa officinalis (lemon balm) is a long-time herb with an extensive folk medical history. The Herb Society of America provide a comprehensive guide for its use – how to grow it, how to prepare it, how to use it, etc. – at no cost online: [Lemon Balm: An Herb Society of American Guide](#).

Although lemon balm is easy to grow and easy to prepare, the simplest strategy is to purchase a commercial product that's already ready-to-go. You can find many examples online, such as these two: [Lemon Balm Herbal Ointment](#) and [Lemon Balm Blister Soothing Salve](#).

(These are not endorsements – just leads for you to follow up.)

Regarding *Larrea tridentata*, the challenge is once again getting the herb and preparing it yourself.

The Terrain Theory Approach

Unlike modern medicine, alternative medicine offers an abundance of strategies for limiting invasions by opportunistic microbes.

And herpes zoster is one of the most opportunistic viruses out there.

The Terrain Theory provides the single most powerful umbrella strategy for preventing and treating shingles:

Be good to yourself!

That's it in a nutshell. It is, after all, the strategy for all aspects of health and disease according to the Terrain Theory. What that means, however, includes a long list of lifestyle choices that only you can control.

Start by considering this: the herpes zoster virus can lurk in your nerve ganglia for years after an outbreak of chickenpox. If you had chickenpox as a child, you typically won't suffer shingles until after you reach 50 years old.

Herpes viruses commonly hide out until the opportunity for an outbreak presents itself. Cold sores (herpes simplex type-1), genital herpes (herpes simplex type-2) and shingles (herpes zoster) all fit this pattern.

Nerve ganglia are great hiding places, since they are outside the normal surveillance system of our immune system. Pretty clever, huh?

That's where the Terrain Theory exerts its greatest value. This entails two overall perspectives: 1) what you do to make your terrain vulnerable to infection; and, 2) what you do to strengthen your terrain to resist outbreaks.

Let's dive into some of the more important components of being good to your terrain as they apply to shingles.

REDUCING YOUR TERRAIN'S VULNERABILITIES

Good advice about being healthy means eliminating or minimizing whatever you do to damage your terrain – i.e., your health.

Hopefully this makes so much common sense to you that I didn't even need to say it. Certain harmful lifestyle choices are more obvious than others. It's probably not necessary for me to tell you that things such as a bad diet, smoking, poor sleep, chronic stress, excessive alcohol consumption, air pollution, environmental toxins – etc., etc. – all damage your terrain.

What each one of those means individually varies. I'm going to skip the clearest advice about smoking. If you smoke, you already know it's bad for you. Stop it.

Ditto for drinking too much alcohol. This isn't rocket surgery. You can figure that one out on your own.

Other terrain challenges aren't so clear. Three stand out because of their impact and because of widespread misinformation about them. If you get them right, fixing these three will be the most important ones for preventing and treating shingles in modern times: 1) bad diet; 2) poor sleep; and, 3) chronic stress.

Changing a Bad Diet

Here's a little tidbit to think about:

Your white blood cell count drops measurably within 10 minutes of eating a candy bar.

Sugar is an **immunosuppressant**. This goes the same for simple, processed carbohydrates of all kinds.

The Standard American Diet (SAD) is loaded with the kinds of carb-laden foods that slow down your immune system.

Unfortunately, too many diet books tell you they're okay. They're not.

Every time you consume a sugary/high-carb meal or beverage, you open yourself up for an infection.

If this represents your diet on a regular basis, then you couldn't send a more personalized message to microbes than, "Here I am. I'm all yours."

The only question is, which microbes?

Your gut is filled with microbes, some beneficial and some not. Your skin is covered in microbes, too. And your nasal passages are host to a phenomenal microbial load.

And regarding shingles, your nerve ganglia are the starting gate for an outbreak of herpes zoster. Once the opportunity presents itself, the virus shoots up through your nerves and attacks its favorite target – skin cells.

Obviously, eliminating processed carbs goes a long way toward fixing a bad diet. The best advice is simply to cut them out as much as you can.

Don't worry about developing a carb deficiency. Of the three main food groups, we require only proteins and fats. There is no minimum daily requirement for carbs.

Although the role of carbs in a bad diet may be a bit obvious, another "food group" that does not-so-obvious damage is vegetable oils.

Specifically, this means processed oils containing an abundance of omega-6 fatty acids. They include just about all the common ones: canola,

soybean, corn, sunflower, safflower, sesame ... even olive oil to some extent.

These oils are hard to avoid, since they are used in preparing almost all baked goods on the market. You really have to be a “label reader” to see where the crop up.

I'd add cottonseed oil to this list if I could even fathom how it ever became a “food” item. Just garbage!

The best oils for cooking and overall consumption are coconut and palm oils.

What's the issue with omega-6 fatty acids? Basically, they are precursors to certain inflammatory hormones. Chronic inflammation is the root cause of all diseases. This means another avenue leading to poor terrain undermining your immune system.

We do need omega-6s. They are essential to health in many ways. It's just that our bodies operate much better when we can maintain a ratio of omega-6 to omega-3s (the other class of essential fatty acids) of no more than 4:1. Better if lower – 2:1 or even 1:1.

The overconsumption of vegetable oils from a typical SAD drives up the ratio in the U.S. to an average 15:1 and higher. This is bad news every which way from Sunday.

High ratios of omega-6 to omega-3 fatty acids are major source of chronic inflammation that suppresses our immunity to infection. (For further explanation about vegetable oils, take a look at the brief article I posted about them quite a while ago here: [Vegetable Oils That Cause Inflammation](#).)

Just Those Two Things?

Of course, you can make many more changes to reverse the consequences of a bad diet. A more complete overview of that might entail would transform this book into a diet book.

However, if you just address the consumption of carbs and vegetable oils, you'll go a long way to getting your immunity to shingles – and all other infections – back up to where it should be.

Avoiding the bad stuff is just one step. Eating better is another.

Eating Better

The conundrum for the public is finding out exactly what “eating better” really means. Conflicting advice by experts can drive you crazy. Most of it rests on intellectual laziness by these so-called experts. Dr. Mehmet Oz and Dr. Dean Ornish represent the epitome of such thoughtlessness. They aren't alone.

None of the most popular diet books explains how to eat based on actual human biology. That goes the same for the top weight loss programs, such as Weight Watchers and Nutrisystem.

Now consider this little thought experiment:

Assuming that cultures where people eat better and live way longer than average – upwards of 100 years – what can we learn about their diets for explaining their longevity?

Aha! Now we're getting somewhere!

Two books purport to address this issue: *Healthy at 100: The Scientifically Proven Secrets of the World's Healthiest and Longest-Lived Peoples* by John Robbins and *The Blue Zones: 9 Lessons for Living Longer From the People Who've Lived the Longest* (2nd edition) by Dan Buettner.

These books are okay, maybe a little superficial. When we go back to “traditional” diets we find some significant contrasts between current dietary advice and modern reports of how long-lived people used to eat.

If you're up for some surprisingly common sense on this topic, you'll have to go back to early research in the first half of the 20th century by Dr. Weston A. Price. He was a dentist whose interest in traditional diets stemmed from surveying dental health among different cultures around the world. As a bonus, he uncovered what truly healthy eating used to be. His

main report is free online, so I've provided it here for download: [Principles of Healthy Diets](#).

Price's report, along with those two recently published books, inspired me to look into what a good diet really looks like. What I discovered is that "eating right" describes a multitude of diets. In fact, once I looked at the details of how long-lived people eat, I wrote a post about it, here: [How To Choose A Truly Healthy Diet - Really!](#).

The wide variety of healthy diets told me two things: 1) the impact of good food isn't as great as we routinely think; and, 2) other lifestyle choices unite long-lived cultures together.

Good food is still important, although factors other than food types are more impactful on overall health and longevity. (Uncovering that nugget became the basis for my book, [How to Lose Belly Fat for Good](#).)

All this commentary about diets may seem tangential. Nevertheless, my main point is that you will not be able to resist shingles outbreaks, or any other infectious disease, unless you put the right fuel into your body.

Overcoming Poor Sleep

Ready for another "tangent" undermining your terrain? Perhaps even more important than your diet is your sleep. Bad sleep ruins virtually everything you do to be healthy.

The U.S. is basically a sleep-deprived country. This is one of many factors undermining our health. Countless magazines publish articles on the value of good sleep. The top researcher on sleep now has a best seller on the benefits of good sleep and the damage caused by sleep deprivation. It's *Why We Sleep: Unlocking the Power of Sleep and Dreams* by Matthew Walker.

Guess what one of the consequences if bad sleep is? Yup, it's immunosuppression.

Add sleep deprivation to the growing list of lifestyle choices we make that undermine our resistance to infectious disease.

The solution is seemingly simple. All of the research cited and discussed in Walker's book points to just a few key features of good sleep:

- Get 7-8 hours of sleep every night (not more, not less)
- Sleep in total darkness (even a little bit of stray light – such as from a digital clock – can be disruptive)
- Keep to the same pattern (e.g., sleeping by 10:00 PM, waking by 6:00 AM) every night

Whatever you can do for sticking to good sleep habits is the bedrock of good immune health. (By the way, you are probably already aware of how hospitals fail to encourage good sleep. In fact, they ruin sleep completely. That's why they are the worst places to go for actual healing.)

Stress

Both the incidence and the severity of shingles increase with increasing amounts of stress. This includes physical as well as psychological stress. Regarding the latter, daily lifestyles in our current society are more stressful than ever.

Stress is a huge health bugaboo in countless ways. It's such a problem that even mainstream medicine recognizes how it ruins your terrain (without mentioning that term, of course).

The Mayo Clinic page on shingles, cited earlier, offers this underwhelming comment:

And, if possible, try to reduce the amount of stress in your life.

WebMD also mentions stress on their [Shingles](#) page, merely to state that it's a risk factor for shingles outbreaks. (Of course, they also blame "aging" as an underlying stressor. You can ignore that simple-minded comment.)

Okay, that's a start, however pathetic it may seem.

The study of stress and its health consequences is a monster topic. Regarding shingles and stress, a recent search on PubMed listed more than 5,000 research articles using the terms *stress* and *zoster* together.

That's huge!

One of the most recently published scientific overviews of the link between stress and shingles is available online at no cost, here: [Risk Factors for Herpes Zoster Infection: A Meta-Analysis](#) (Open Forum Infect Dis. 2020 Jan; 7(1): ofaa005).

While this review dwells on psychological stresses, it also mentions that stress comes in many forms. Stress encompasses virtually everything you do to harm your body or your mind. Diet is a biggie. Sleep is a biggie.

Stress out in any way and you damage your immunity.

Avoiding Top Stressors

Like any other source of immune suppression, avoidance of causes is always a good first step. Of course, reviewing modern sources of stress would be an epic undertaking.

Instead, I'll just mention one source of modern stress that afflicts a great proportion of our population: daily news.

A couple of decades ago one of my favorite integrative medicine doctors, Dr. Andrew Weil, came out and directly advised people to quit watching or reading the news. The media, bless their hearts, crave attention. And nothing gets attention more than bad news.

The evening news has devolved in my lifetime to be an overly commercialized "blood and disaster" report. If our local news doesn't have an event to fit the bill, they will report on blood and disaster from somewhere else.

It's the latest iteration of what I learned in high school as [yellow journalism](#). Although it may drive media income, it also drives stress. Taking Dr. Weil's advice is simple enough: avoid the daily news. Do the experiment yourself and notice how it reduces your stress levels.

Relaxation Strategies

What can you do to relieve stress besides a better diet, good sleep, and avoiding the news? This is where you can find dozens of strategies for taking complete control of your mental state.

The overall terms describing these strategies include things like meditation and mindfulness. It seems as though we have an infinite number of ways to practice them. There is no best approach. Personally, I'm in favor of Transcendental Meditation, which I learned decades ago while in graduate school.

Whatever method you choose, just be sure to stick with it.

One particularly effective approach regarding shingles involves harnessing your chi (Qi) energy. Specifically, this entails a type of relaxing energy work called [tai chi](#). Although tai chi is a Chinese martial art, its slow-moving exercises offer many health benefits for older people.

Modern researchers have hard time evaluating subtle energies such as chi, so reviews of research are all over the map. Nevertheless, one relatively recent review concluded that tai chi is effective for, “...*fall prevention and improving psychological health and was associated with general health benefits for older people*” ([Systematic reviews of t'ai chi: an overview](#). Br J Sports Med. 46(10): 713-8 [2012]).

Digging deeper, it turns out that one particularly positive study applies directly to shingles (*Augmenting immune responses to varicella zoster virus in older adults: a randomized, controlled trial of Tai Chi*. J Am Geriatr Soc. 55(4): 511-7 [2007]). A few months of 40-minute sessions 3 times a week led to a doubling of the cell-mediated immunity to varicella zoster compared with the non-tai chi group.

Of course, since this was a mainstream medical study, it also had to include a vaccine component. No need to go there.

One really nice thing about tai chi, besides its health benefits, is how easy it is to do. Slow-movement exercises are super simple, whether you are in a class or doing it by yourself at home. No fancy training or special equipment required.

WHAT ELSE? A LOT!

The good strategies mentioned above are just the beginning. Specific nutritional supplements also help in preventing and treating shingles outbreaks.

In addition, we also have two monumentally crucial substances that our bodies already possess. The trick is learning how to capitalize on them.

First, some brief commentary on supplements.

Important Vitamins

Although all vitamins are important, especially the essential ones (meaning the ones you must get in your diet), the most overlooked may be vitamin C.

The federally determined Daily Value is 60 milligrams. The recommendations by most nutrition professionals are closer to 1,000 milligrams. The biosynthetic amount equivalent to animals who make their own (e.g., dogs and cats) is 6,000 to 9,000 milligrams, depending on your body size. (Most mammals make their own vitamin C internally; humans and other primates do not.) The amount of vitamin C that will be of benefit to you depends on your viral load. During an outbreak, your body can absorb and use more than it does between outbreaks. The 1,000 milligram per day level is a minimum maintenance dose.

Recent research on vitamin E also indicates a useful anti-inflammatory effect based at a higher level than the Daily Value, which is 400 I.U. A measurable anti-inflammatory result occurs in about 8 weeks with a daily intake of 800-1,600 I.U. This means that vitamin E is best used as a long-term supplement for keeping your body ready to fight inflammation.

Finally, based on one recent study, the pain of shingles seems to be reduced by injections of vitamin B-12. Weekly injections of vitamin B-12 are a relatively inexpensive way to get the most impact from this vitamin.

The Amino Acid Connection

Two very similar amino acids, lysine and arginine, have opposite effects on herpes zoster. Lysine reduces the duration of outbreaks, while arginine encourages the virus to grow. Lysine, 500 to 1,000 milligrams three times per day, is only needed during outbreaks. Adhering to a low-arginine diet is a lifestyle recommendation. This means avoiding or eating less of the following high-arginine foods: chocolate, nuts (especially peanuts), and cereal grains (wheat, corn, rye, oat). The latter food group may be harmful due in part to their low lysine content, thereby providing a higher arginine to lysine ratio.

Probiotics: Your Beneficial Bacterial Army

Here are two important details for you to link together: 1) Certain bacteria in your GI tract can overwhelm and disable viruses; 2) 70% of your immune cells come from your small intestine, which depends on a healthy population of friendly bacteria.

In fact, when your gut is healthy it harbors billions of bacteria that act as your own little army against viruses and all manner of microbial infections. Unfortunately, your bacterial army is too often poisoned by antibiotics, antacids, chlorinated water, prescription drugs, pesticides, and thousands of other toxic chemicals in your diet. This is where probiotics have an important role.

These are dietary bacteria that you can take as supplements that reinvigorate your GI tract, stimulate your immune system, and help your body defend itself against unwanted invaders.

Scientific research on the health benefits of probiotics extends back more than a century. It's very clear that the importance of this dietary supplement as a component of your strategies for controlling shingles is enormous. However, finding a formula with the right mixture of bacterial types and amounts is tricky business.

Read my full article about probiotics, including what to look for in a good product for you and your family, here: [Probiotics: Bacteria That Are Crucial for Good Health](#).

How About Natural “Vaccines?”

Vaccines are not new. The [definition of vaccine](#) on Wikipedia, “...a *biological preparation that provides active acquired immunity to a particular infectious disease*,” sort of fits what the Ancient Chinese did quite a few centuries ago. Their approach entailed “nasal insufflation” by blowing powdered smallpox material (i.e., scabs) up the nostrils.

Nowadays vaccines are lab-constructs that are designed to provide immunity.

However, if we broaden the scope of vaccines to include what our bodies already do for immunity, we find two surprisingly powerful weapons against infection that Mother Nature has already given us.

One is vitamin D and the other is a form of hydrogen. I’m including them here mostly because so few people understand what they are and what they can do – when the terrain is good.

Natural Vitamin D

The natural vitamin I am referring to is **vitamin D₃ sulfate**. Other forms of “natural” vitamin D are known. Vitamin D₃ sulfate is the only one we make in our skin.

Let me emphasize this: it’s the ***only form of vitamin D*** that your body makes. And your skin is the only place you can get it. There are no dietary or supplementary sources of vitamin D₃ sulfate.

Vitamin D₃ sulfate has two properties that make it much more effective than anything you can consume from supplements or from food.

One is that it is both water-soluble and fat-soluble. This property enables its transport to every cell in your body.

The other property, which might surprise you, is that it’s really considered a hormone. As such, it fits into vitamin D receptors (VDRs) wherever it goes in your body. Its multiplicity of actions only happen once it reaches its receptors. That’s how hormones work.

Another surprise involves the role of sunlight. You no doubt already know that vitamin D is synthesized in your skin. What you may not know is that it comes from cholesterol in your skin. Cholesterol morphs into 7-dehydrocholesterol, which then gets a sulfate group attached to it. This reaction requires energy. The only source of energy that drives this reaction is UVB light.

This is the energy source from sunlight that drives the synthesis of vitamin D₃ sulfate. You either make it when your skin is in sunlight, or you don't make it at all.

How much you make depends on the amount of UVB light hitting your skin. The intensity of UVB light hitting the surface of the Earth varies considerably. The equator gets the most. Northern and southern latitudes get less, to near zero amounts greater than 50 degrees north or south latitude. It peaks daily between about 10:00 AM and 2:00 PM. The highest intensity occurs in summer, the lowest in winter.

Now get this: ***vitamin D₃ sulfate is the most important vitamin/hormone we have against infectious disease.***

The fact that "flu season" hits around the time seasonal UVB light diminishes is no coincidence. It's the same time that our native vitamin D₃ levels drop.

Putting all that together means your best chance to resist infectious disease is during the middle of the day in summertime ***if you get a sufficient amount of sunshine on your skin.***

Here's where we can see one of the most dastardly lifestyle choices we make that literally sends an invitation to a potentially infectious microbe. That choice is summarized in one simple phrase: **indoor living.**

"Indoor" living also means going outside during the day when fully clothed, wearing a hat, or carrying an umbrella for constant shade, and – worst of all – slathered in sunblock. Doing all that guarantees that you will be deficient in vitamin D₃ sulfate. You might be able to make up for this deficiency somewhat by supplementing with vitamin D₃, although the benefits of supplements fall way short of the real thing made in your skin.

Vitamin D levels may or may not correlate with resistance to infectious disease. Research results from supplementation are inconsistent. Naturally high levels, made in your skin, are like a suit of armor against microbial invasion.

Unfortunately, modern medicine has been cultivating a fear of sunshine for decades. This is such total BS that it's nothing short of brainwashing. The term that I created for this nonsense is "heliophobia" – fear of the sun. It's the topic of an article I posted here: [Heliophobia Makes Modern Disease for One and All](#).

The bottom line is that you will never be as healthy as you should be and resist infectious disease like you can if you avoid sunshine.

SIDENOTE: How bad can avoidance of sunshine be for human health? Get a load of this: the highest incidences of breast cancer occur in women with the least amount of exposure to sunshine. See my earlier post on this topic here: [Breast Cancer Awareness Failure](#). This represents the tip of the iceberg for poor health from "indoor" living. Preventing and treating ALL Diseases of Civilization – including infectious diseases – demands exposure to plenty of health-giving sunshine.

Maybe some of what I've just said about vitamin D and sunshine sounds familiar to you. The next section will no doubt come as a complete surprise. It's almost a certainty that your doctor hasn't heard about it.

What the Heck is Deuterium?

Have you ever heard of the antiviral "drugs" your own body makes? Well, there's one that is super critical for resisting microbial infections. It may seem to be a Germ Theory strategy. However, it's actually part of your natural terrain ***IF*** you can take advantage of it.

I'm talking about a natural element that occurs in your blood plasma. This element is called **deuterium**. This element is simply an isotope of hydrogen. Instead of having a single proton like common hydrogen, deuterium has a proton and a neutron.

A key feature of deuterium regarding infectious disease is its ability to emit UVC light. This is the highest energy region of UV light from the sun. It normally gets filtered out by our atmosphere, which is a good thing. It's high energy level can be dangerous.

UVC light is used in labs and in hospitals (and now in public transportation in Japan – as an anti-coronavirus strategy) as a way to kill microbes.

Although it's dangerous at high levels, the UVC light made in our plasma by deuterium emissions is one of the best internal weapons we have against infectious disease.

Now here's the kicker: our internal UVC only occurs when deuterium is "pressured" by UV light that reaches our skin. (It's a quantum physics mechanism, so thank your lucky stars I'm not going to go into details about it here!)

What this means is that sunshine, once again, is a phenomenal source of resistance to infectious disease. UV light hitting your skin causes deuterium to emit antimicrobial UVC light in blood plasma.

Now you know that making your own vitamin D is only part of the story for resisting infectious disease. UVC light from energized deuterium is every bit as important. Both sources of resistance depend on sunshine.

If interested, you can dig into a few more details about plasma deuterium in this post: [Antiviral "Drugs" Your Body Makes – Unsung Superheroes](#). I had fun writing it, so I hope you have fun reading it.

SUMMARY

This short ebook represents a small beginning for what you can do about preventing and treating shingles at home naturally.

Shingles is an important subject that attracts almost constant attention worldwide among research scientists, medical professionals, drug companies, and holistic practitioners of all kinds. It's a growing problem because more people are reaching a mature age where their immune systems become susceptible to viral infections and because an increasing

number of younger people are also suffering from suppressed immune health that leads to shingles.

Understanding the causes of shingles, how to recognize it (doctors still misdiagnose it too often), how to prevent it, and how to control it when it does occur, all require your attention and a constant vigilance to keep up with the latest developments in medical research. The most important questions for you to continually ask include:

- What are the pros and cons of antiviral drugs?
- What can you expect from the new shingles vaccines (and the new chickenpox vaccine, for that matter)?
- What dietary strategies are important?
- What does the latest research offer you about herbal or other natural supplements?
- What other kinds of modalities might be of help?
- How can you change your lifestyle to become more resistant to shingles outbreaks?

The answers to these and many more questions are too numerous to cover in a single book. Nevertheless, being diligent about controlling shingles begins with being as well-informed as you can be so you can make good decisions about your health.

Oh, and if you've been told that shingles is an age-related condition, then you might be surprised to know that it really isn't. Sure, it's associated with us "older" folks.

However, what underlies anyone's susceptibility to shingles rests on **immunocompetence** – i.e., health of the immune system.

In fact, quite a few so-called age-related diseases are really lifestyle diseases. If you don't know what that means, then head on over to my specialty website dedicated to explaining what it takes for us older folks to live longer and healthier – naturally.

Whenever you get the chance, take a look and see what you think. The site is the [Boomer Health Center](#). I think you'll be pleasantly surprised about what you'll find there.

ABOUT THE AUTHOR

The purpose of an author bio is to dazzle you and have you believe that he or she is an expert in something, whose every word you should believe.

Doesn't that sound silly?

Nevertheless, for those of you who like this kind of stuff, here's a short version of my professional life that might satisfy you:

Dr. Dennis Clark holds a bachelor's degree in Biological Sciences from Sacramento State College and a Ph.D. in Botany, specializing in plant chemistry, from the University of Texas at Austin. He spent his entire 30-year professional career in teaching and research at Arizona State University. He has also been Visiting Professor at the University of California (Irvine and Riverside) and at the University of Heidelberg in Germany. He is currently an adjunct professor at the Southwest College of Naturopathic Medicine.

Dr. Clark is a leading expert on plant natural products chemistry and integrative medicine, an award-winning teacher, and co-author of a best-selling college textbook on botany. He has been awarded grants for his research from the National Science Foundation, the U.S. Department of Agriculture, and the Alexander von Humboldt Foundation. His studies have been published in dozens of national and international scientific journals. He has lectured at international conferences in the U.S., Canada, Mexico, Germany, Belgium, and England.

Dr. Clark's journey into medical botany and natural health began when, as a young university professor, he found that his knowledge of plant chemistry could be used to explain how plant natural products affect human health. This led to his discovering which botanicals were best for enhancing the health of his family and friends. He soon found that his university students also wanted the same kind of information. Their ever growing demand for his science-based approach to natural health led to several new classes in integrative medicine, medical botany, and natural products pharmacology.

As Dr. Clark states, “I feel blessed to have a background that enables me to evaluate both the scientific literature and the popular press on natural medicines and to dig out, understand, and explain to the public how and why these medicines work. People should be able to get straightforward answers to simple questions about which natural medicines will work for them and what commercial brands are reliable for what they need. Unfortunately, these answers are not easy to find for people who do not have an extensive scientific background. My role is to provide this service, to bring the best research available on medicinal plants to the public’s attention, and to lead the way in the evaluation and development of quality products.”

Over the years Dr. Clark has gathered the best information available on natural approaches for preventing and overcoming many human disorders. These include herpes, shingles, obesity and overweight, menopause and hormone imbalance, cancer, osteoporosis, arthritis, stress, cardiovascular disease, diabetes, digestive problems, candida (yeast) overgrowth, and many others. He uses his expertise from many years of teaching, researching, and writing to provide the public his clear, powerful, and often entertaining views of a research scientist about being healthy naturally.

He is currently in demand as a guest speaker for local groups and radio and TV programs on many aspects of wellness.

Not dazzled yet? Read on...

If you really, really have nothing better to do, or if you are still unbearably curious about who is behind this book, or you are looking for even more stuff that makes me sound important, here are my suggestions.

Since there are hardly any secrets online, I suggest that you enlist the Mighty Google Machine to look me up. You can find almost everyone with a quick Google search these days. A couple of hints are: First, look me up as “Dr. Dennis Clark” — using the quotes for an exact match. Lots of Dennis Clarks are out there (I went to college with 6 of them!), and very few Dr. Dennis Clarks. Still, you’ll get at least 130,000 hits on this search, not all of which are about me. I’m the Dr. Dennis Clark in Arizona.

Furthermore, in my career as a university professor, I used my first initial on all publications, books, etc. You can find an entirely other me, my professor

persona, by looking up “W. Dennis Clark” — again, using the quotes for an exact match. That should come up with a little over 12,000 hits.

There, that ought to keep you busy for a while. If you look at all that stuff, you’ll know more about me than my mother does.

Enjoy!