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Coronavirus:

Protocols & notes from various herbalists:

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[Paul Bergner](#) shared a link.

March 3 at 2:46 PM

“Preparation for the COVID-19 pandemic

by Paul Bergner. North American Institute of Medical Herbalism

Naturally at this time we need to research and explore what our approach will be as natural healers to COVID-19 epidemic. As many others are pointing out, this is not a case for panic. For many individuals this will be similar, or perhaps even milder for some than seasonal influenza.

Therapeutically we may approach prevention during prevalence, actions to take after definite exposure, and therapeutics the same as with influenza. However, with this epidemic we need to take special measures to prepare for those family, community members or patients who are at risk to develop severe disease. Not panic, constructive activity and planning.

The following information is from Report of the WHO-China Joint Mission on Coronavirus Disease 2019 (COVID-19), Dated February 22, 2020 which is freely available with an internet search. This information may change as new information comes from the many countries now experiencing the epidemic, but give a picture of the significant risk this epidemic poses to vulnerable individuals.

Range of presentations

---Asymptomatic cases are relatively rare, perhaps 1-2%. Many virus-positive cases which are at first are asymptomatic later develop symptoms. Asymptomatic carriers are not a major method of transmission.

---80% of laboratory confirmed patients have had mild to moderate disease, including non-pneumonia and pneumonia cases and recover without complications.

---13.8% have severe disease (dyspnea, respiratory frequency  $\geq 30$ /minute, blood oxygen saturation  $\leq 93\%$ , PaO<sub>2</sub>/FiO<sub>2</sub> ratio  $< 300$ , and/or lung infiltrates  $> 50\%$  of the lung field within 24-48 hours). These patients require hospitalization.

---6.1% are critical (respiratory failure, septic shock, and/or multiple organ dysfunction/failure). These patients require intensive care.

About 1 infected patient in 5 may require hospitalization for oxygen, IV fluids, close monitoring for complications, or intensive care. A high percentage of medical herbalists are not trained to monitor

for signs of severe disease and do not have ready contingencies when such disease presents.  
Prepare now!

Individuals at highest risk for severe disease and death include:

---People aged over 60 years old

---Those with underlying conditions.

---Children are ---not--- at high risk. Disease in children appears to be relatively rare and mild with approximately 2.4% of the total reported cases reported among individuals aged under 19 years. A very small proportion of those aged under 19 years have developed severe (2.5%) or critical disease (0.2%).

Fatality rates and high risk groups.

For fatality rates, it has to be remembered that many mild cases may not be detected symptomatically or especially by lab confirmation, and actual rates may be lower. In China as of February 20, 2020, 55,924 laboratory cases have been recorded.

Mortality risk by group

---Overall case fatality rate: 3.8%

---Fatalities among those with no comorbidity: 1.4%

---Males 4.7% to Females 2.8% (includes comorbid patients)

---Patients over 80 years old: 21.9%

---With cardiovascular disease: 13.2%

---With Diabetes 9.2%

---With Hypertension 8.4%

---With chronic respiratory disease. 8.0%

---With Cancer 7.6%

In this group of co-morbid patients, this virus is in the same range of lethality as SARS (about 10%).

Don't panic but do prepare

---Examine for risks among family friends, neighbors, and patients, now before the epidemic becomes more widespread here.

---Assess resources, health insurance, transportation and access to ER or hospital

---Expand your skill set and learn how to monitor for serious disease.

---Know that the hospital system may become overwhelmed at some times during the epidemic and be unable to care for critically ill patients. If you live in an underserved area, consider contingencies.”

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