Stockpiling Antibiotics - Where to Begin

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Are you concerned about treating infection on your own at TEOTWAWKI or under any disaster situation? If so, where should you begin? What single antibiotic would offer the most "bang for the buck?"

The answer depends on the "bugs" (bacteria) you expect you'll need to kill. With no easy way of knowing this at TEOTWAWKI (and lacking a background in medical microbiology) how can the layman make an informed decision?

Antibiotics are generally divided into "broad spectrum" and "narrow spectrum" classifications. If you're going to acquire a single antibiotic, you'll want a broad spectrum antibiotic, that is, one that kills a variety of bacteria, especially the most common ones (*Staph, Strep, Pneumococcus, E. coli*). These bacteria are commonly implicated in causing sore throats, respiratory infections, ear infections, pneumonia, urinary tract, and skin infections. In the old, old days, plain old penicillin fit the bill nicely, and in fact was a "wonder drug" when first discovered. At that time bacteria had not been exposed to penicillin, and resistant mutations were rare in the bacterial population. As the use of antibiotics has increased, bacteria have become less and less sensitive to penicillin, as the easy targets (penicillin-sensitive bacteria) are killed off and only the resistant "mutants" can survive and thrive. Because penicillin and amoxicillin are, therefore, less likely to be effective, I would not choose either of these as my first choice antibiotic. (Nowadays doctors practically use these as placebos.)

(One side note here: at TEOTWAWKI, antibiotic use will sharply fall, leaving the bacterial population to adjust to a new norm. In general, mutant (resistant) bacteria are inferior to non-mutated bacteria living in the natural environment which normally lacks antibiotic exposure. Therefore over multiple generations of microbial reproduction the bacterial population may well regain its original sensitivity to the killing effects of the penicillins. So although penicillin and amoxicillin are currently ineffective against many bacteria, this will likely change once their use diminishes. Stockpiling these drugs for future use, perhaps years from now is therefore reasonable, with the above in mind. At some point they may again be wonder drugs.)

Although no antibiotic kills every germ, cephalexin is a good choice as the first antibiotic to stockpile. Currently it is reliably effective (a good 80% of the time) against most bacteria which cause respiratory infections, sore throats, middle ear infections, bacterial pneumonia, and skin infections. It is not effective

against *C. diff* (*Clostridium difficile*) or MRSA (methicillin-resistant *Staph. aureus*). It is not first-line treatment for urinary infections, but would likely be effective at least half the time. It is a cousin of the penicillin group of antibiotics and people who are allergic to penicillin run about a 10% risk of being allergic to cephalexin. Patients allergic to the class of cephalosporin drugs (Ceclor, Duricef, Omnicef, Suprax, Ceftin, Cefzil and others) should not take cephalexin. Overall, however, cephalexin is quite well-tolerated, causing little gastrointestinal distress, and may be safely used in children and is generally safe in pregnancy.

The usual adult dose of cephalexin ranges from a total of 1 to 4 gm daily, spread out over 2 to 4 doses per day (250–500 mg every 6 hours, or 500-1,000 mg every 12 hours). Dosage in children is 25–50 mg/kg per day, divided into 2 to 4 separate doses. For severe infections (and some ear infections) the dose may be doubled. Generally 10 days of therapy is advised, although for minor infections 5 days may be sufficient.

Of course, I would not recommend using your precious antibiotic stockpile for a minor infection UNLESS you are quite sure it will nip an infection "in the bud" and prevent the need for additional antibiotics. The most common example of this would be a woman with recurrent urinary tract infections who knows that taking a single day of antibiotics prevents the development of a full-blown bladder or kidney infection. Another exception would be a contagious disease that could be confined to a single individual by the early and judicious use of an antibiotic, thus preventing the spread to the community at large.

Cephalexin is also inexpensive, and is on the "$4-list" at most pharmacies. Asking your personal physician for a prescription is often the best way to acquire an emergency stockpile.

For additional essential information on antibiotics and treating infection, please visit www.armageddonmedicine.net.