

## 1 Definition of “Deadly Diseases You Can Treat on Your Own”

Bacterial infections that could be fatal if untreated  
Bacterial infections that normally would be treated by a doctor, often in the hospital  
Non-surgical bacterial infections

## 2 Deadly Diseases You Cannot Treat Yourself

Diseases which advance too rapidly and lose the battle of bugs vs. drugs (example: pneumonic plague)  
Infections with obstruction that leads to other potentially fatal problems (examples: obstruction of kidneys leading to renal failure, obstruction of appendix which bursts)

## 3 Short list of such diseases

Pneumonia  
Acute exacerbation of COPD  
Diverticulitis  
*Clostridium difficile* colitis  
Cholera  
Urinary tract infection  
Cellulitis – typical and MRSA/atypical

## 4 General approach to these problems

Have a high “index of suspicion” for the problem – you’re not likely to diagnose or treat cholera if you don’t even think it’s possible  
Have appropriate antibiotics on hand to treat  
Consider other life-saving medications or treatments as well (steroids, nausea drugs, oxygen, inhalers, epinephrine, IV fluids)  
Observe the patient very closely for improvement or deterioration  
Many patients die of something other than the infection – commonly dehydration

## 5 Oral antibiotics to have on hand to treat the majority of infections

## Armageddon Medicine – Deadly Diseases You Can Treat on Your Own

amoxicillin/clavulanate (generic Augmentin) and/or amoxicillin (clindamycin or erythromycin if penicillin-allergic)  
cephalexin (generic Keflex)  
ciprofloxacin (generic Cipro)  
doxycycline (generic Vibramycin)  
metronidazole (generic Flagyl)  
trimethoprim-sulfamethoxazole (generic Septra or Bactrim)

### **6 Intramuscular antibiotics to have on hand** (available at livestock/feed stores)

Procaine penicillin  
Linocin

## 7 Pneumonia

Diagnosis: looks sick, productive cough, fine crackles (rales) often on only one side, fever, rapid heart rate or breathing, possibly wheeze

Best oral antibiotics: amoxicillin/clavulanate (or erythromycin in penicillin-allergic)

Second choices: ciprofloxacin, amoxicillin, cephalexin, doxycycline

Injectable antibiotics: penicillin and/or Lincocin

Other measures:

- Oxygen at 2-4 liters/minute
- oxygen concentrator available OTC on Amazon for \$327+
- oxygen “candles” (as used in emergency on subs)
- many houseplants or 6 liters of algae water, in sealed room
- Position (elevate head of bed, raise arms to shoulder level)
- Chest percussion to loosen phlegm
- Hydration (fluids) and nutrition
- Bronchodilators (asthma meds – albuterol, caffeine, pseudoephedrine)
- Expectorant to thin mucus
- Cough suppressant if cough is fatiguing
- Possibly steroids if peak flow low or quite wheezy
- Tylenol or other fever reducer to lower fever and decrease respiratory rate
- Possibly diuretic if retaining fluids (common in heart patients)

## 8 Acute exacerbation of COPD

Diagnosis: worsening of chronic chest congestion, wheeze, short of breath, increased mucus production, coarse rattles (rhonchi)

Best oral antibiotics: amoxicillin/clavulanate or doxycycline

Second choices: ciprofloxacin, cephalexin, erythromycin

Third choices: trimethoprim-sulfamethoxazole, amoxicillin

Injectable antibiotics: Lincocin (or penicillin, but resistance is common)

Other measures:

- Use steroids earlier than in pneumonia, especially if wheezy or short of breath
- Use other bronchodilators early on – albuterol, caffeine, Primatene, pseudoephedrine,
- Other measures per “pneumonia,” above

## 9 Diverticulitis

## Armageddon Medicine – Deadly Diseases You Can Treat on Your Own

Diagnosis: abdominal pain or cramps, often diarrhea, sometimes dark/maroon blood-containing stools, sometimes fever, often a history of eating popcorn/seeds/nuts

Best oral antibiotics: ciprofloxacin PLUS metronidazole

Second choices: trimethoprim-sulfamethoxazole PLUS metronidazole

Third choices: Augmentin or amoxicillin PLUS metronidazole

Injectable antibiotics: Possibly penicillin PLUS oral metronidazole

Other measures:

Possibly Imodium to slow the diarrhea but beware of constipation – usually best to avoid

Hydration

Possibly meclizine for nausea

Possibly pain meds (tramadol, narcotics)

High carb diet – little meat or fiber during acute problem

## 10 *Clostridium difficile* colitis

Diagnosis: diarrhea (foul-smelling), sometimes abdominal pain or cramps, nearly always a history of recent antibiotic use

Best oral antibiotics: Only metronidazole

Injectable antibiotics: (IV Vancomycin)

Other measures:

DO NOT use Imodium to slow the diarrhea – the toxin needs to be eliminated

DO NOT try other antibiotics – this will only make things worse

Probiotics might help

Consider fecal transplant from healthy spouse or family member via multiple enemas

## 11 Cholera

Diagnosis: profuse watery diarrhea, abdominal pain or cramps, epidemic diarrhea

Best oral antibiotics: usually none indicated

Second choices: doxycycline for 1–3 days to shorten period of illness

Third choices: erythromycin, ciprofloxacin, trimethoprim-sulfamethoxazole

Injectable antibiotics: Possibly Lincocin

Other measures:

Oral rehydration – start with 10% of body weight in first 2 to 4 hours  
(for a 100# person that's 10 pints)

IV rehydration with Ringer's Lactate (Lactated Ringer's)

Encourage eating

Sanitation, sterilization, water purification

Training manual for community health workers at: [http://www.cdc.gov/haiticholera/pdf/Haiti\\_Eng\\_MASTER\\_Haiti.pdf](http://www.cdc.gov/haiticholera/pdf/Haiti_Eng_MASTER_Haiti.pdf)

Training manual for health professionals at: [http://www.cdc.gov/haiticholera/pdf/haiticholera\\_trainingmanual\\_en.pdf](http://www.cdc.gov/haiticholera/pdf/haiticholera_trainingmanual_en.pdf)

## 12 Urinary tract infection

Diagnosis: frequent urination, pain or burning on urination, abdominal or flank pain, back pain, nausea, disorientation, confusion, nocturnal urination

Best oral antibiotics: ciprofloxacin, trimethoprim-sulfamethoxazole, Augmentin

Second choices: amoxicillin, doxycycline

Third choices: cephalexin

Injectable antibiotics: Possibly penicillin or Lincocin

Other measures:

Hydration – aim for a gallon a day unless patient has heart problem

Anti-nausea medications

Possibly cranberry juice (only works with certain infections)

**13 Cellulitis – typical and MRSA/atypical**

Diagnosis: tender, red, swollen, sometimes shiny skin, sometimes with streaks along veins

Best oral antibiotics: Augmentin, cephalexin, erythromycin

Second choices: trimethoprim-sulfamethoxazole, doxycycline, possibly ciprofloxacin (all for MRSA)

Injectable antibiotics: Possibly Lincocin

Other measures: incision and drainage if abscess formation; warm soaks; bleach water soaks