

HEALING COPD

SOME COMMENTS AND A PROTOCOL

Stephen Harrod Buhner

I am working on a book for the treatment of COPD. Normally, I would wait to post treatment protocols until I have finished my research, much of which involves extended contemplation on the organ system itself. It takes time to understand the livingness of an organ system; western texts and beliefs are generally useless for this since they view the body as a mechanical system and not a living, intelligent cooperating grouping of nonlinear, self-organized systems that have, together, self-organized into the whole we think of as ourselves.

Each organ system is highly intelligent, capable of sophisticated analysis of incoming touches from the world upon it, and creative responses to that touching. Our lung system is no different. To truly understand an organ system entails movement out of the mechanical, reductive western model. For me, this can only happen after a long period of meditative contemplation on the organ I am studying. It takes time for it to reveal itself to the inquiring eye and heart, for it to begin to speak, in its own terms, about who and what it is.

Nevertheless, despite my being in the middle stage of this process I am posting the protocol I am now using for the treatment of COPD. Unfortunately, even within the western herbal community there is little understanding of the lungs, treatment protocols are extremely primitive and quite often useless. Due to a year-long bout of pneumonia I myself have early stage COPD. As well, a close friend has late stage COPD with accompanying emphysema. It makes no sense to wait until my contemplative and intellectual research is finished before I begin utilizing

a protocol, either for myself or my friend or for those struggling with the condition.

The protocol I am outlining here has proved extremely useful. My COPD has stabilized and most of my symptoms have disappeared. My friend, near death, finally gave up on the medical system (in which he has been a believer all his life) and asked me if I would let him utilize the protocol as well. His COPD has also stabilized and many of his symptoms are considerably reduced in severity. When he began he looked as if he had one foot in the grave. He now looks 20 years younger, uses his oxygen tank much less often, and has found his smile again. CT scans on both myself and my friend have shown no further damage to the lungs. His doctor, not able to explain it, told him the condition appears to have stabilized (and that he looks 20 years younger).

I have no doubt that the protocol, as with the Lyme protocol I developed (and which developed much more sophistication through the work of my partner Julie McIntyre), will become more sophisticated with time. However, this one does work. It alleviates damage to the lungs, increases oxygen intake and lung function, increases healthy immune function, elevates energy, reduces brain fog and depression, and stops the progression of fibrosis in the lungs and the development of the tissue destruction seen in emphysema. I have been using various incarnations of the protocol for a year, my friend for eight months. There is more yet to do of course, primarily figuring out how to reliably reverse the fibrosis (scarring) of lung tissue.

NOTE: This protocol is also helpful for cystic fibrosis, asthma, and alpha-1 deficiency.

* * * *

Western understanding and treatment of chronic obstructive pulmonary disease (COPD) is extremely poor. Contemporary medical texts commonly say that only palliative treatment is available but that the condition itself is not something that treatment can resolve. The main things utilized are oxygen and bronchodilators (the latter of which, over time, makes the condition worse primarily through its effects on the lung microbiome). Heart bypass is often suggested, though it generally does nothing except add more stress to an already compromised system. (The rationale is that if the heart works better, the lungs will have access to more blood which can then be oxygenated.) A variety of medications are also common, anti-depressants and anti-anxiety medications among them. Benzodiazepines, one of the truly horrible drug groups, are not something I would recommend to anyone. (Please google the side effects and addiction dynamics.)

NOTE: if you have COPD and are on a complex of pharmaceuticals, as most are, please google the side effects of those medications and compare them to the symptoms you have. In my experience, many symptoms that people have are coming from the drugs not the diseases they are supposed to treat. As well, many prescribed drugs should not be taken with others that are prescribed but physicians rarely take the time to look for this.

Western medicine, oddly enough, has a very poor understanding of the lungs and their treatment. Egregiously, until a decade ago medical researchers in the west insisted that the lungs were a sterile environment, i.e., that the lungs did not naturally contain bacteria. Even a cursory period of contemplation would have revealed the flaws in this. Our mouths are filled with bacteria and when we aspirate we breathe in tiny drops of saliva filled with bacteria. The truth is that the lung possesses a microbiome very similar to the GI tract and the skin, which makes

perfect sense. The microbiomes that cover the surface of our skin, the lining of our GI tract, our mouth, nasal passages and lungs are the first line of defense of our immune system. In fact, it appears that these diverse microbiomes are connected as one unified system; changes in the GI tract microbiome cause alterations in the lung microbiome and vice versa. What is true is that the microbiome should be viewed as an organ system in its own right and treated accordingly. (We think of helping the immune system, the adrenal system, the lymph system through the use of adaptogens or tonic herbs but the microbiome system is perhaps even more important, and yes, while useful, probiotics are only a very primitive beginning.)

In contrast to the western approach, the Chinese have been exploring the treatment of COPD in very sophisticated ways (as they have done for millenia). Scores of journal articles report their studies on the treatment of COPD utilizing traditional Chinese herbs and herbal formulations. Those studies have shown a great deal of success in stabilizing or even healing the condition.

A Tiny Rant

Tobacco smoking is generally, in the west, considered the primary cause of lung disease. It isn't. Real world problems are very rarely so simplistic, though it does feel good to have something evil to blame and attack. (I am not sure it is useful for any herbalist to think any plant evil.) The truth is that only around 25% of people who smoke develop COPD. The underlying causes are more complex, though easy to understand.

What is more accurate is that inhalants *create the conditions for COPD to occur*. Smoking affects lung function in two ways: heat and inhaled particles. The heat itself is

inflammatory (all inflammation is a hot condition) whereas the inhaled particles affect lung tissue over time. This disturbs the lung microbiome and normal cellular function. However, these same kinds of alterations also occur from many other situations: air pollution, inhaling petrochemicals as we fill the gas tanks on our cars, cleaning chemicals, perfumes and body care products (most of which, along with cleaning chemicals, are petrochemically based, which explains why so many women nonsmokers are now developing COPD), working in any industry with a lot of dust: home remodeling, carpentry, factory work, mining, firefighting, and so on. Long term exposure to any kind of inhalant alters the microbiome and cellular function of the lungs which creates the conditions for, but does not cause, COPD.

Tobacco smoking . . . I am very tired of the moral posturing on this issue. It shows little understanding of why people smoke. There are four primary alkaloids in tobacco, nicotine is only one of them. Nicotine is highly stimulatory of mental functioning, just as ritalin, amphetamines, and coffee are. The other alkaloids do other things. Most importantly, they are anti-depressant, relaxant, and pain relieving which is a major reason why people smoke. One interesting fact, always overlooked, is that as smoking decreased the use of antidepressants, anti-anxiety medications, and pain relievers rose in a one to one relationship. There are always unintended side effects of seemingly well-intended simplistic solutions.

* * * *

The cause of COPD is almost always two intersecting events: aging (which results in a less healthy immune system and alterations in the body microbiome, quite often from the impact of

pharmaceuticals and petrochemical pollutants) and a serious lung infection, usually pneumonia. The pneumonia “heals” but people are often left with a damaged pulmonary system, quite often with accompanying chronic bronchitis. It is this chronic bronchitis that causes the fibrosis in the lung tissue. In essence chronic bronchitis is an ongoing inflammatory process that slowly damages cellular tissues and causes scarring (fibrosis) in the tissues.

Western medicine has no idea why this chronic inflammation process initially occurs or continues to occur in the lungs. However, early research on the lung microbiome is revealing that the condition is accompanied by significant alterations in the lung microbiome.

From my work with the Lyme-group of infections I have come to understand that this kind of continuing long-term inflammatory situation in the body is nearly always caused by low levels of stealth bacteria in the system. They infect the cells and utilize a complex series of cytokines to break down cellular tissue in order to feed. The early research on the lung microbiome has indeed found a group of infectious organisms in the lung tissue, in small numbers, that appear to be causing the continuing inflammation. Amazingly enough, the research on this is far less developed than that on the Lyme-group. Older pulmonologists are fighting pretty strenuously against the alteration in their paradigm. This does have an effect on research.

The Treatment Protocol

The protocol outlined below is designed to do a number of things: 1) stop the chronic bronchitis; 2) halt the progressive cellular degeneration of lung tissue; 3) normalize cellular functioning in the lung tissue; 4) reverse the fibrosis and promote healthy lung tissue regeneration; 5) strengthen the immune system and its responses to outside stressors; 6) increase energy; 7) increase oxygen

uptake; 8) support the body's microbiome; 9) normalize the body's cytokine cascades; 10) stop the influence of the four main infectious organisms found in the lungs during COPD; 11) supply extremely healthy nutrients and support their uptake into the body which increases overall health. Nearly every herb suggested has been found to directly help COPD in research studies on the condition.

I am not going to go into a lot of detail at this point on the functions of the herbs I am suggesting though I may touch on it here and there. I have, so far, reviewed around 1000 peer review articles on COPD dynamics and herbs that can effectively treat the condition. Again, from my own use and that of my friend, I have found this approach to be effective. Again, it will most certainly be modified as my research progresses. I am hopeful that this initial effort in the treatment of COPD will stimulate other herbalists to delve more deeply into the field. *All* our genius is needed. This includes yours.

PLEASE NOTE: I have found *all* of these interventions necessary at one time or another; the first three are essential, continually. Given that COPD is a terminal disease for many, it makes no sense to not utilize them. The protocol is somewhat expensive; it is, of course, not covered by insurance in the US (my feelings on this are extreme). Nevertheless, all of the protocol is necessary. (Learn to make your own and buy wholesale, it is a lot cheaper. See my book *Herbal Antibiotics*, second edition, for an extensive medicine making chapter if you want to learn how to do so.)

The protocol includes (the first three are essential): 1) COPD tincture formulation; 2) COPD powder formulation; 3) Nebulizer daily (glutathione plus essential oils); 4) Bronchitis tincture formula (if you have bronchitis); 4) A few other things that I have sometimes found

useful, especially in the early stages.

Basic COPD Tincture Formulation

The primary herbs around which this protocol is formulated are: Chinese skullcap root (*Scutellaria baicalensis*), Japanese honeysuckle flower (*Lonicera japonica*, an invasive in the US), and licorice root. These three herbs are in nearly every Chinese formulation for the treatment of COPD. I have done monographs on two of them in previous works, I will add *Lonicera* in the new book. Still, there are many other herbs in the formulation. All of them have shown effectiveness in treating COPD. This formulation can be purchased from Woodlandessence.com. **Dosage** is 1 tsp 3x daily.

All herbs are tinctures

Chinese skullcap root, 4 parts

Lonicera, 3 parts

Cordyceps, 3 parts

Sida acuta, 2 parts

Codonopsis, 2 parts

Licorice root, 2 parts

Bidens pilosa, 2 parts

Panax ginseng, 1 part

Eleutherococcus senticosus, 1 part

(note: I also add 1 part ephedra to the one I make in my lab. The herb, every species, is illegal

now in the US – I really hate the FDA and the DEA – but I bought a lot before the ban. You can still get it on the internet from China – or try to find the American species from southwestern harvesters – though not sure of the quality of the species the Chinese sell. I use this herb as a bronchodilator but it has other functions as well, the Chinese have found it very useful for COPD.) When I blend my formulation one part equals 30 ml but it can be any ml number you wish.

COPD Powder Formulation

In this formulation, all herbs are bought as powders, then mixed together well, then placed in large glass containers kept in the dark. **Dosage** is 1/4 cup of the powder (0.8 oz) taken just before bed – in juice or water. This means that you will use 24 ounces of the powder per month. It may cause loose stools in some people. PLEASE NOTE: 1st chinese herbs is going to be carrying this formulation for sale. I don't yet know the price.

The Formulation:

Chinese skullcap root, 2 parts (I also add baicalin powder to mine, 1 part)

Licorice root, 2 parts

Linocera, 2 parts

Eleutherococcus, 2 parts

Astragalus, 2 parts

Ashwaghanda, 2 parts

Morus alba, 2 parts

Schizandra, 2 parts

Ledebariela, 1.5 parts

Atractolydes, 1.5 parts

Chlorella, 1 part

Japanese knotweed root, 1 part

Nettle leaf, 1 part

Wheat grass juice powder, 1 part

Panax ginseng, 1 part

Spirulina, 1 part

Tumeric, 1 part

Milk thistle seed, 1 part

When I blend, one part equals two ounces of powder but any amount can be used, just multiply by the factors listed.

Nebulizer Formulation

The best thing you can get without a prescription to nebulize for COPD is glutathione. I use a single capsule dissolved in 5 ml of saline solution. The best source for the glutathione is Thernaturals, Reduced L-glutathione plus, enhanced absorption, ultra purity grade. It is \$37.00 for 100 capsules which will last over three months. I get the saline solution on amazon.com: modudose saline solution for inhalation. They are 5 ml each, 100 to a box, for \$16.50. To this I add 1 drop each of: frankincense, eucalyptus, bitter orange essential oils. These EOs have been

found in Chinese studies to significantly help COPD. If you are an herbalist you can also add: 5 drops each of concentrated decoctions of Lonicera and Japanese knotweed root (separate decoctions). The Chinese have been using microparticles of these herbs in nebulizers and they really help reduce COPD symptoms and help the lungs to heal. Nebulizers of many sorts can be bought on amazon.com. All of them seem fine. *Use daily*. This will help with breathing, mucus overload, lung healing, bacterial infection.

Nebulizer Protocol

5 ml modudose saline solution (place in nebulizer cup)

1 capsule reduced L-glutathione plus (effervescent so it dissolves easily in the solution in the cup)

1 drop each of the essential oils of: frankincense, eucalyptus, bitter orange

(optional) 5 drops each of a strong decoction of each of the following herbs: lonicera, Japanese knotweed root. **Note:** the essential oils will degrade the plastic in the nebulizer cup over time, the amount of time depending on the grade of plastic. I tend to replace mine every week or so. They can be bought very cheaply on amazon.com. I tend to but a 5-pack for around \$14.

Add If Needed for Bronchitis

This tincture formulation will stop the bronchitis, reduce the numbers of non-beneficial bacteria in the lung microbiome, help heal lung tissue, and increase oxygen intake. **Dosage:** 1 tsp 3x day.

This will soon be available from woodlandessence.com.

Bronchitis Tincture

Formulation

Lomatium, 3 parts

Pleurisy root, 2 parts

Elecampane, 2 parts

Isatis, 2 parts

Houtuynia, 2 parts

Osha, 1 part

Licorice, 1 part

Yerba santa, 1 part

Myrrh gum (stabilized), 1 part

Also of Use From Time to Time:

The following two supplements are made from plants. The first is mucinex which is purified guaifenesin from guaiac tree, the second is naringin from bitter orange.

Guaifenesin thins mucus. During early stages of COPD, sometimes later on, mucus is very thick and heavy, this helps thin the mucus so it can be expectorated. (The thick mucus in the lungs is also a great medium for bacterial and viral growth so it is important to reduce it.)

Dosage: 1 tablet 1-3x daily. I used it for about 6 months but didn't need it longer than that.

Naringin is a pretty good antiinflammatory for the lungs. I used it about 6 months as well. It did help. **Dosage:** 4 capsules 1-3x daily.

I would not use either of them long term.

Copyright © 2018, Stephen Harrod Buhner, All Rights

Reserved (Please share this as you wish, just give me credit)