HEALING COPD

SOME COMMENTS AND A PROTOCOL

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Please Note: The COPD protocol that I am posting and updating as I go along is what I myself am doing to treat my own COPD, which is the chronic bronchitis type at this point.

What you are seeing in somewhat real time is a combination of the process I go through when I am treating myself for conditions that the medical world cannot effectively treat or that I am working to understand so that other people can have something to use to restore health when the medical world fails them. (You can see how this has worked in the real world in my books on non-medical treatments for Lyme and its associated coinfections and those for emerging bacterial and viral infections.) You should realize that when I do provings on myself in learning new herbs and in developing treatments for myself, I often discover side effects that were previously unknown in either the literature or historical use. One example of this is that Japanese knotweed root can cause, in a very small percentage of people, a loss of taste. It can take up to a month to return. If I break out in spots from something I have suggested – though I generally wait awhile to see how it goes before I post – I will let you know.

However, again, what you are seeing in these posts on COPD is the kitchen and not the dining room. Behind all dining rooms there are kitchens and the kitchen is a messy place and not nearly so elegant as the dining rooms. So, please know that what you are seeing here is not a refined or final form of treatment. Many of the things I am suggesting now (and using myself)

will drop away as I see how well they work in the real world. Other things will remain and new things added. Dosages will vary as I explore or some substances might be, I hate to say it, pulsed (eek, totally busted). Over time many approaches that looked incredibly good in journal papers (e.g. *Stevia* as an antimicrobial for *Borrelia*) turn out to be ineffective in the real world since the laboratory and the outside world have very little relation to each other; the world of complex ecological systems generally bears very little relationship to human researchers' minds. One is nonlinear and complex, the other is linear and simple.

Again, I would normally wait until all this work is done (which generally takes several years) before I write or post anything about treatment for a new disease complex. However, so many people have asked me for help with COPD, and so many people I know are ill with it, that it seemed more honorable to post than to wait, especially with a disease that can often be terminal.

At this point in my work, I am focused on stopping the chronic inflammation that is generally present in COPD, esp the chronic bronchitis type. (Narcissistic, I know.) Later I will deal in more depth with specific aspects such as idiopathic pulmonary fibrosis. And yes, for those of you who have asked about this, this protocol, as it stands, can help stop the progression of that fibrosis. Fibrosis is simply scarring that develops over time from the chronic inflammation. Getting to the root of *why* the chronic inflammation is occurring is a later step in the work.

Today I am updating the essential oil aspect of COPD treatment. Please look through it for it contains important alterations. Now, on to the article itself, which is only being altered in the nebulizer/essential oil section.

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Much of the research I am doing 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. I will go into more detail on these conditions as time progresses.

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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.

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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 I am not sure about 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. (It is still not available unfortunately, but I hope it will be soon.)

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

Ledebouriella divaricata root (fang feng), 1.5 parts

Atractolydes (white - Bai zhu)), 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 - Updated 4/9/19

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.

Note: The use of essential oils directly in the lungs via nebulizer is not a well-developed field of herbal medicine. Nor is the use of essential oils in the treatment of serious, chronic

disease (which I think an egregious oversight). The Chinese have done some good work in this area however some in the west think the approach misplaced. *Please be aware of this.* In my case, I am dealing with a potentially terminal disease that cannot be healed by western medicine and, as usual, I am pushing the bounds of the field as I have often done in the past. I am adding a few caveats this update that did not appear in earlier versions of the protocol.

Most people familiar with essential oils (I am not a fan of the term "aromatherapist" which has been diluted to insensibility) tend to recommend a water-based diffuser for the use of essential oils. That does have its place but when working directly with damaged lung tissue in the treatment of serious disease I think a more direct application is warranted.

Here are the essential oils I am currently using and the dosages. I have found them to be very good for reducing bronchitis and increasing lung volume during inspiration. The big breakthrough (for me) has been essential oil of ginger. If you are an herbalist, and are up for preparing these, you can also add: 5 drops each of strong 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. However, I am now using Respironics nebulizer cups. They are more expensive but I have found them to hold up to the degrading of the plastic that essential oils cause. You will have to buy them from someone other than the manufacturer as they don't sell directly to the public (without a prescription, irritating). You can find sources for them on the internet.

Please note: It is crucial that after each use you wash the cup and the nebulizer insert with soap and as hot a water as you can stand. Essential oils can degrade the plastic in the cup over time. The Respironic brand is much better and far less liable to degrade, especially if you wash it. I put the dish soap directly in the cup and use my little finger to scrub it. Then rinse with very hot water.

Please note: In a *very* small number of people nebulizing essential oils may create a hypersensitivity response. I would suggest that you individually smell new oils you wish to try to see how your body responds before trying them. ***And,*** if you have asthma, please note that essential oils can sometimes set off an acute episode, please be careful.

Eventually, I will add mast cell herbs to the protocol which will help with allergic responses and so reduce inflammation as well. I am not there yet.

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)

1-2 drops essential oil of ginger

1-2 drops of eucalyptus essential oil (There are eucalyptus oils from various species, globulus is the most common, others have slightly different actions, I have not yet decided on the best one and generally use globulus.)

(Also of benefit: frankincense, bitter orange, tumeric. Note. Tumeric is related to ginger and is

highly antiinflammatory. I suggest exploring these oils to see if any of them seem to help more than what I am using for myself.)

(optional) 5 drops each of a strong decoction of each of the following herbs: lonicera, Japanese knotweed root.

Note: At the onset of acute bacterial infection add one drop of oil of oregano. At the onset of acute viral infection add fresh ginger juice 2-3x daily, to be prepared as follows: Juice a lot of fresh organic (if you can get it) ginger. Add one ounce of the juice to large mug, pinch of cayenne, tbl of wildflower honey, and lime wedge, squozen. Fill to brim (7 more ounces or so) with hot water, drink 2-3x day. *Note:* fresh ginger juice contains gingerol which the essential oil generally does not (or only does in minimal quantities). This is highly antiinflammatory and will substantially help the inflammation in the lungs as well as the juice itself slowing or preventing acute viral episodes.

I no longer use the following blend for chronic bronchitis but I do use it for the onset of acute lung infections for which it is very good.

Dosage: 1 tsp 3-6x day.

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.