

**TREATMENT OF
CHRONIC INFLAMMATORY LUNG DISEASE**

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The healthy adult lung is known to possess a remarkable endogenous regenerative capacity. Ng-Blichfeldt, et al. 2019

PROTOCOL UPDATED: 2/26/2020

If you have not yet read it, please review the information in the preceding COPD post on my blog, just prior to this one. It contains a lot of material I have deleted from this update.

Note: *People keep asking, just to be clear IPF is in essence the same as any kind of interstitial lung disease (except those cause by toxic substances like asbestos). So, if your condition has the word “interstitial” in it, this protocol is for you.*

Two Comments: The first is that a new study has found that contrary to older medical hype, long term smokers who stop smoking, even after decades, even after multiple packs a day, within several years their lungs generally are able to restore themselves to complete health. They look pink and young again.

The second is that there is an herb that is very specific for the kinds of lung inflammation that occurs in IPF and COPD which I have been waiting to come on the market in a reliable form. It is mango leaf standardized to 60% mangiferin. Mangiferin has the same relationship to lung

inflammation dynamics as Japanese knotweed root has to the inflammation caused during Lyme infections. I asked the people at Green Dragon Botanicals to begin selling the standardized herb and their product is now available. I highly recommend its use.

Also: Please note the alterations in the bronchitis treatment suggestions.

Protocol for Idiopathic Pulmonary Fibrosis (IPF)

IPF (and all idiopathic interstitial pulmonary disease) is a condition where the very thin layer of cells between the alveoli and the blood vessels becomes chronically inflamed. The inflammation does not heal properly, scar tissue forms, and over time that cellular layer gets thicker and thicker, the lungs become less flexible, gas exchange between the lungs and the blood becomes increasingly inhibited. Breathlessness grows more pronounced until not enough gas exchange occurs to keep you alive.

Generally, depending on how advanced the condition is, the protocol I outline here will, at minimum, slow down the progression of the fibrosis. In some instances it can reverse the fibrosis (but that depends on many factors including how far advanced it is). *Don't assume it will reverse it – if it does, go buy a very expensive bottle of champagne and celebrate with your loved ones.* Do assume that it will slow it down to one extent or another, or even hold it in place indefinitely. You will definitely feel better and have a better quality of life.

Important Point: *If you wish to treat your condition at all successfully, it means that your old way of life is permanently over. Alleviating the condition will take focus and persistence and*

consistency over months and most likely years – everything has to change. And I mean everything.

CILD, including IPF, is a condition that takes years or decades to develop; it is also a very serious condition (as if I need to tell you that). *Thus*: it will take time and focus to turn it around, even to stabilize it. There are a number of things necessary to make this happen. *They are a pain in the ass*. Further, it is relatively expensive to gather all this stuff together, especially if you buy it already made for you. (It is however, not as expensive as dying or using the medical system, even with insurance.)

I highly suggest you begin with pre-made formulations and see how you do before you spend a huge amount of money – you might find this kind of approach just doesn't work for you or doesn't agree with your body. If you do tolerate the protocols and wish to get into them in depth, then I highly recommend you buy all the herbs needed and do it yourself. For the dry formulations this means buying herbs by the pound, already powdered. For tinctures, you can get them non-powdered, which usually means what is called cut and sifted. (I have extensive medicine-making instructions in my book *Herbal Antibiotics*, second edition, published by Storey Books.)

CORE PROTOCOL FOR IPF

The core protocol has an unfortunate number of elements, all irritating to varying extents. In essence, no more lying on the couch and eating twinkies while watching re-runs of *Seinfeld*. Here is what is involved:

- a) core tincture formulation daily

- b) powder formulation daily **PLUS standardized mango leaf as additional supplement**
- c) concentrated mushroom-blend decoction, daily
- d) nebulizer formulation daily
- e) supplements daily
- f) diet alteration
- g) a variety of formulations for symptoms (herbs, tinctures, or supplements of various sorts, depending on your condition)
- h) most likely: room vaporizers
- i) walking or hiking in wild landscapes regularly
- j) protocols for acute exacerbations or lung infections
- k) possibly, sooner or later, a fast (this is not as bad as it sounds, I will go into it when I expand this article in the future. In essence, the purpose is three-fold: microbiome regeneration, autophagy – look it up, and giving the body a rest so it can regenerate itself).

When I get really tired of all this (and all of us do), I just think to myself, well it is a breathless death or this. It does help to remember that essential truth as I hold the glass up to my lips and think: “I can’t swallow this stuff one more time, ever.”

The Specifics

Note: I am not going to go into all the parts of the protocol for IPF in this post; I want to get this up without more delay. I will add more depth on things like diet, walking, symptoms, and so on another day.

* **Tincture Formulation:** Equal parts of *Angelica sinensis* (Dong quai), *Salvia miltiorrhiza*, *Cordyceps spp*, *Lonicera japonica* (Japanese honeysuckle flowers), *Polygonum cuspidatum* (Japanese knotweed root), and *Astragalus*. (Can be ordered from Woodland Essence.)

Dosage: 2 tsp in morning then 1 tsp 2 more times daily *up to* a dosage of 1 tbl 3x daily depending on degree of fibrosis and condition of the lungs. The more fibrosis there is, the larger the dose used. *However . . .* start with 1 tsp 3x day for a week to see how well it sits with you.

Note: This formulation sometimes upsets my stomach, whether I eat first or not. I generally take 3-4 very tiny, very potent peppermint coffee mints along with it in the morning. Eating first does help.

All of these herbs have been found to stop the progression of or even reverse fibrosis in every organ in which low level inflammation creates it, including the lungs. (There are other anti-fibrotic herbs included in the immune tonic formulations.) They are some of *the* primary herbs in China for treating COPD.

Note: Dosage should be high and continual. This is a terminal condition for everyone who gets it. The herbs are essential until the condition is completely resolved – if it can be resolved. However, it *is* however possible to hold it in place and stop the progression. Additionally, these herbs have a wide range of actions that are applicable in CILD and IPF; they don't just stop fibrosis.

Very briefly (as examples): Lonicera and Japanese knotweed are strongly antiinflammatory, thus shutting down the chronic inflammation through very specific effects on cytokine cascades. Knotweed protects and normalizes many

cellular structures and interferes with the generation of many of the most dangerous cytokines common to CILD, thus protecting the structures affected by the inflammation. It also protects as well as restores damaged endothelial structures – common in COPD. *Salvia miltiorrhiza* is a cytokine modulator, normalizing cytokine dynamics in damaged tissues, enhancing them where necessary, lowering or preventing where overactive. The other three herbs have, as well, a number of very good immune modulating and adaptogenic effects. (This is by no means an exhaustive look at their usefulness in this condition.)

There are some other herbs that are useful here such as *Stephania tetrandra*, *Ligusticum wallichii*, *Scutellaria baicalensis*, *Pueraria lobata* (kudzu), *Paeonia lactiflora* (peony), *Tripterygium wilfordii*, and milk thistle seed.

There are caveats on stephania and tripterygium. Stephania is often adulterated with *Aristolochia* species which can cause kidney destruction if the herb is tinctured (but not if taken whole). Tripterygium must be carefully dosed. I would not use either of those unless you are an experienced practitioner or working with someone who is.

Scutellaria baicalensis is an extremely good herb for CILD and is widely used in China and has been for millennia. It, too, has a rare but difficult side effect. Specifically: In a small number of people it can cause, for reasons no one understands, hypersensitivity pneumonitis (essentially an allergic response in the lungs like allergic rhinitis or sinusitis or bronchitis). Again, this side effect is rare but does exist and is problematical. I think it a serious concern for people with

interstitial pulmonary fibrosis simply because of the stimulus it can give to inflammation and fibrosis formation. So . . . if you do use that herb *and* you have a pneumonitis episode (unmistakable experience, google it) stop using it and see if that helps. *Otherwise*, this is a very safe herb for most people and one of the most important to use in any form of CILD.

*** Powder Formulation:** Note: buy all the herbs pre-powdered, it will work better. Trust me on this one. All these herbs are blended in equal parts *except* the ginger root powder – for the ginger use *one-quarter* part. You can use an equal part of the ginger but it does make the formulation *very* spicy. (Available soon from Montana farmacy.)

I generally use *two ounces* (postage scale) dry weight (in large, empty yogurt container for weighing – remember to offset for the weight of the container) of each of the herbs and only *one-half* ounce of the ginger. This will last a month or more.

Herbs used: Ginger (*Zingiber officinale*), *Eleutherococcus senticosus*, Licorice root (*Glycyrrhiza spp*), ashwagandha (*Withania somnifera*), *Astragalus membranaceus*, Milk thistle seed (*Silybum marianum*), turmeric (*Curcuma longa*), nettle leaf (*Urtica dioica*), chlorella, spirulina, and wheat grass juice powder. (Bulk order from Pacific Botanicals or Mountain Rose, both online . . . note: Pacific Botanicals is irritatingly often out of many of their herbs, a continual problem. If they are and if Mountain Rose does not have it, then google is the fallback as usual.)

Dosage: 1/4 cup of the powder in liquid of your choice, before bed. *Every night*. To blend it, I use a glass jar with a screw-top lid, add 4 ounces water, one-quarter cup powder, cover, shake really hard, and drink. I just use water but most people prefer juice or something tastier.

While these herbs all do multiple things, here is just a tip of the iceberg: *ginger and turmeric* – very antiinflammatory, specific for CILD, somewhat antifibrotic; *milk thistle seed* – promotes healthy liver function, antifibrotic for lungs; *eleuthero, ashwagandha, astragalus* – cytokine normalizers, adaptogenic herbs, immune tonics; *licorice* – synergist, immune enhancement, anti-viral, antibacterial, and so on; *nettle, cholrella, spirulina, wheat grass juice* powders – nutritive, plus numerous other useful functions in CILD.

* **Standardized Mango Leaf:** Green Dragon Botanicals brand. It comes in 200 mg capsules. I am taking a total of 1200 mg daily. Three capsules in the morning, three in the afternoon. **Note:** Some people sell this as a caffeine substitute. I HAVE NOT noticed that effect. A few other people who have tried it that I know said they did but that after a few days it is no longer an issue. So, try a capsule in the morning at first and see how it affects you. I don't take it in the evening for just that reason.

* **Mushroom-blend, strong decoction:** I buy the makings from Woodland Essence, online (they call it “deep imune tonic broth”). It contains 12 ounces of dried: Red reishi (*Ganoderma spp.*), Shitake (*Lentinula edodes*), Turkey tails (*Coriolus versicolor*), Astragalus (*Astragalus membranaceus*) Codonopsis (*Codonopsis pilosula*), Atractylodes (*Atractylodes spp.*), and burdock (*Arctium lappa*). To this I add two ounces of chaga (also from Woodland Essence). *I do not prepare this the way they suggest at Woodland Essence.*

To make: I grind everything as finely as possible (not fanatic about it) in my Vita-Mix

(and yes, if you get into this you will need to get one, they last forever). I then put it in a big pot to which I add 96 ounces of distilled water *and* one 32 ounce container of organic bone broth soup (chicken or beef and yes I know I am destroying the planet). I turn up the heat to high and bring to a rapid boil. Lower the heat to lowest setting and cook until the liquid is reduced by at least half, several hours (around 4 for me). Remove from heat, cover, and let sit overnight on the counter. The next morning, strain the liquid from the pulp (put that in the garden) and place it in a crock pot or slow cooker as they are now called. Set on high until it comes to a boil, reduce heat to low and let cook, with the lid off, to reduce the liquid still further. *Cook until only 20 ounces of liquid remain.* (This will always be a guess, don't be fanatical about it.) This is a very strong decoction. Let it cool, pour into bottle, keep refrigerated. It will last indefinitely.

Dosage: 1 tsp 3x day, you can add it to the tincture you are already taking (always with water to dilute or juice, the stuff tastes terrible).

Many of these mushrooms are specific for COPD/CILD/IPF (details sometime in the future). They are also extremely good tonics and immune modulators. They will help bring up immune function and energy levels as you take the blend over time.

* **Nebulizer:** Nebulizers are very good for CILD because they enable direct contact of medicines with the affected tissues throughout the respiratory system. You will need a number of things for this.

1. A nebulizer machine. Cheap and easy to find on Amazon or the net (I use Leader brand). I think the nebulizer cups are better than a face mask and some cups are better than others. The ones that come with the nebulizers are often made of cheap plastic. I would not use

them.

2. A nebulizer cup. Again: many of these are made with very cheap plastic which essential oils will degrade, often within a few days. (I have been unable to find any glass or stainless steel options.) I use the Respiroics brand which I have found holds up very well, often for months if it is washed well after every use. (Use very hot water and soap, scrub out the cup itself with your little finger or something that can get down in there to scrub it.) This particular brand cannot be bought from the manufacturer without a prescription (which is ridiculous) so just google it and find an outlet that will sell it. Not hard to do.

3. Saline solution for nebulizers. I use modudose saline solution for inhalation sold by Amazon, 5 ml each, 100 to a box, \$16.50.

4. Effervescent glutathione capsules. Glutathione is a potent antioxidant, normally present in the surfactant liquid in the lungs. People with CILD tend to have low levels of all antioxidants including glutathione (my pulmonologist did not know what glutathione is). I dissolve a single capsule in the 5 ml saline solution I have already put in the nebulizer cup. (It will fizz and foam when you first put it in the liquid . . . after you have finally gotten the capsule apart that is.) I think Thernaturals, Reduced L-glutathione plus, enhanced absorption, ultra purity grade is the best one to use. It costs \$37.00 for 100 capsules/ This will last a bit over three months.

4. Essential oils. I put these in the nebulizer cup in single drop doses the very last thing. At this point I use one to two drops of ginger essential oil daily. *However:* during acute exacerbations (such as acute bronchitis, hypersensitive pneumonitis, flu, bacterial infection, and so on) I add one drop of oregano oil *and* nebulize morning and evening. This makes a huge difference. (I suggest Rosemary's Garden in California or Aromatics.com – both online – as your

main go-to places to get essential oils. Please be aware that there are little to no standards for essential oils in advertising, fraud is a major problem – no matter what the labels say. Absolutely do not try to go cheap, trust me on this one. Experience speaking.)

Regarding acute exacerbations: Acute exacerbations are the one thing that will substantially affect the inflammation process in the lungs; it makes everything much worse, often very quickly. (A single exacerbation can lower blood oxygen levels 2-3 points; usually, it does not recover to previous levels.) It is to be avoided or stopped in its tracks as quickly as you can do so. Oregano oil is very helpful here, a few more suggestions later on in this article.

The essential oils I have found to be helpful: **Peppermint**, ginger, eucalyptus, tumeric, frankincense.

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 (one per day, not more, trust me on this one) 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.

* **Supplements:** I will have some other suggestions in the future but the most important one is a *very* good probiotic. The really good ones tend to be in the \$30-\$50 range, the wider the variety of organisms the better. The only decent, relatively inexpensive brand is PB8 (around \$19 the last time I checked). I would go with the more expensive ones. I use Klaire Labs: Ther-Biotic Complete Probiotic, 25 billion high CFU blend from Amazon. \$48.50 for 60 capsules (a two month supply).

***Acute exacerbations and infections:** I will just look at acute bronchitis and lung infections in this incarnation of the protocol.

Acute bronchitis: This is a pain in the ass when it happens to those of us with IPF; it can last months and it does make the fibrosis and troubles with oxygenation percentages much worse. Often, former status is not completely recoverable. It is important to reduce the acute episode as quickly as possible. Here is what I have found helpful for that. **Note: I am still working on finding a reliable intervention to completely inhibit acute bronchitis.** I am getting closer but still not there. However, that being said. Peppermint essential oil will do the same thing in the lungs that it does in the GI tract, it stops spasms. So . . . during acute bronchitis attacks I have switched to 2-3 drops of peppermint essential oil in the nebulizer (along with the sterile saline and the glutathione). If the attack is severe, use morning and evening. Morning is usually sufficient.

* *Peppermint* essential oil, 2-3 drops in nebulizer daily.

* *Pelargonium sidoides* (sometimes irritatingly called umckaloabo which can create difficulty for the uninitiated or those incapable of articulating 12 syllable words. Mountain Rose Herbs has the only reputable supply in the US (as far as I can find), both tincture and bulk herb.

Dose: 30 drops as needed, usually around 6x day at the beginning of an acute attack, decreasing to 3x day as the attack comes under control. Generally: 2 weeks, though it can be used indefinitely as far as I know. It does have some efficacy in reducing chronic bronchitis.

* *Myrtol*: one 300 mg capsule 3x day for adults, one 150 mg capsule 3x day, children. For two weeks.

Myrtol is a German formulation with some very good clinical research on it. It is a liquid in a gelatin capsule and contains three isolated terpenes from three different essential oils. You can get it through Amazon but I consider the price absurdly high. I order it through a Bulgarian company that gets its supply from Germany. In an emergency though, go Amazon.

* *Menthol*: I am just starting to work with this now and will report more on it later. It can be bought online as crystals but must then be either heated in water or put into either essential oils or alcohol to make a liquid form for use in vaporizers or nebulizers. It does significantly reduce bronchitis and in vaporizers is very useful during allergy season.

Lung Infections: Colds and flu are the major problems most people experience. I do have extensive protocols for the flu (influenza) and pneumonia in the book *Herbal Antivirals* published by Storey Books. The protocols are involved and long. Here I will just talk a bit about the most effective immediate intervention for colds and flu. (And of course, the oregano oil addition to the nebulizer, discussed already, is quite helpful.)

* *Ginger Juice Tea*: You will need a juicer for this, I prefer Champion, the workhorse of juicers, but there are a lot of others out there. Fresh ginger juice is *strongly* anti-inflammatory and *powerfully* antiviral. You may find that one or two cups of this a day will help overall symptoms of IPD and CILD, including increasing oxygen intake, whether you have the flu or not.

To Make: Juice a lot of fresh organic (if you can get it) ginger. Add one to two ounces of the juice to a large mug, then a pinch of cayenne, one tablespoon (or to taste) of *wildflower* honey, and one lime wedge, squozen. Fill mug to the brim with hot water, drink 2-6x 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.

* *Gan Mao Ling:* This is a Chinese formulation which I have found highly effective. I usually buy ten bottles or so at a time. Do yourself a favor and get the coated tablets, the uncoated taste terrible. Hence, I use Solstice medicine company, Yang Cheng brand. Just google gan mao ling and find the store selling it the most cheaply, this changes all the time. *Dosage:* six tablets 3-6x day.

* *Boiron Oscillococcinum:* This is a homeopathic blend which I have found highly effective (though I tend to use Gan Mao Ling now). *Dosage* as on package. Amazon carries it.

* *Herbal Tincture Formulation:* *Dosage:* full dropper (30 drops) minimum 6x day. *Note:* I sometimes add 20% fresh ginger juice to this combination. (So, if I make 20 ounces of the formulation, I add four more of ginger juice.) The alcohol preserves it quite nicely. (Note: part means ounce, so 3 parts would be 3 ounces, and so on). (Woodland Essence carries this, without the fresh ginger juice.)

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

OTHER FORMS OF CHRONIC LUNG DISEASE

I am working on various other forms of CILD and will post more as I get it figured out. So, use the following for: emphysema, chronic bronchitis, and so on.

A number of people who have been using the formulations that follow (the initial ones I began with and posted months ago) have commented that their lungs are better, they need their inhalers much less often, and that their energy and quality of life has significantly improved.

Note: All the interventions I listed for use with idiopathic pulmonary fibrosis are to be used for all forms of CILD, irrespective of what you are suffering from.

The only differences from the idiopathic pulmonary fibrosis protocol are: 1) a different powder formulation; and 2) a different tincture formulation. Otherwise use everything already discussed under IPF.

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 may or may not do an extensive one on *Lonicera* later on. 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: 1 tsp 3x daily.

To make (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. Irritatingly, ephedra, every species,

is now illegal in the US – but I bought a lot before the ban and have kept it dark and frozen for years. You can still get it on the internet from China – or try to find the American species from southwestern harvesters. I tend to stay away from most of the Chinese suppliers due to their propensity for contaminants. Nevertheless, if you are so inclined Ephedra is a decent bronchodilator but it has other functions as well and the Chinese have found it very useful for COPD.) When I blend my formulations 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: 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. (Montana farmacy is carrying this formulation for sale.)

The Formulation:

(When I blend, one part equals two ounces of powder but any amount can be used, just multiply as needed.)

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

Licorice root, 2 parts

Lonicera japonica, 2 parts

Eleutherococcus, 2 parts

Astragalus, 2 parts

Ashwaghanda, 2 parts

Morus alba, 2 parts

Schizandra, 2 parts

Tumeric, 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

Milk thistle seed, 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 (always true in CF). Guaifenesin thin the mucus so it can be more easily 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.

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