

CHRONIC LUNG DISEASE TREATMENT, UPDATED 7/9/21

Here is an update on my health and the protocol for treating chronic inflammatory lung disease (also known as COPD or emphysema or usual interstitial pneumonia or idiopathic pulmonary fibrosis or bronchiectasis and so on ad infinitum).

I have had quite a bit of feedback on the COPD protocols I posted on my blog (stephenharrodbuhner.com, under articles). The protocol, for instance with emphysema, stabilized the condition for a number of people and stopped exacerbations (one person remained free from chest infections nor did he end up in the hospital yearly as he had before); it has done the same for idiopathic pulmonary fibrosis and generalized COPD (a really useless diagnosis but many people are still diagnosed as having it). In any event, here is an update on my condition; I think it will have relevance for a great many people.

I have pretty much figured out how to successfully treat these lung conditions and in some instances to either completely stop their progression or even to reverse them. Before you get your hopes up, you should read the rest of this post. That I have figured it out doesn't mean you will be able to get what you need to do it for you. (If you are in Europe or the UK or Australia, you will be able to get most of what you need. In the US, it is a very different story.) I will be updating the material on my blog one of these days, when I have the energy to do so, but here is a short version.

First of all, I have long known how bad the medical system is in the US but that is a far different thing than being ill and having to interact with it when you are. I now know exactly and personally what it has been like for people with Lyme and other chronic diseases, as it is being now for those with long Covid, as it is with millions of people who are improperly diagnosed, which is unfortunately the norm not the exception. Despite what I knew about the medical system, I rarely used it. I used herbs and a great many other approaches instead. And when I did go into it, it was for fairly minor things; I knew what I needed, I found the person to do it for me, and got it done. I didn't rely on them for help in figuring things out. But when I developed idiopathic pulmonary fibrosis I did in fact need help. I didn't get it. What I got instead was something far different. Note: when you are in deep need and your life is on the line the reality of the medical system in the US becomes a personal thing. And what people in my situation find is that it is incompetent, cruel, uncaring, dismissive, paternalistic, demeaning, denigrating, rude, arrogant, brutal, murderous and very, very expensive. So, expensive in fact that it quickly becomes clear that to them all any of us are is a wallet attached to an organism that acts as if it can think and have feelings and opinions. But the only thing that matters is the wallet and its contents. Period.

Like most people in my situation I have been and still am being misdiagnosed as a rule rather than an exception. The MDs I have found, with very rare exceptions, don't care about their job or my health or how to help me heal. The medical system does not understand the condition I have and does not care that it does not understand it. Further, despite what I have found by going through five or six thousand journal articles, the system believes that the condition (all non-genetic chronic inflammatory lung diseases -- CILDs) cannot be healed and that there is little to do except what they call palliative care (which isn't by my definition of palliative) and even that is very, very expensive unless you are on medicare or something like that, which I am, but that doesn't ultimately mean much. None of the tests are useful, all they do is tell a person what they already know . . . their lungs are not working well and they can't breathe and it is getting worse. However, the conditions I am lumping under CILDs can sometimes, in fact, be healed and other times stabilized so that life is not appreciably cut short. Here is what is needed to do that and why we in the US cannot easily get what we need to be successfully treated.

Another thing to remember: IF you develop sudden acute bronchitis with severe cough, it is, in 99 cases out of 100, a lung infection. Get antibiotics as soon as you can. Regrettably the two MDs, one a friend, that I went to both were integrative physicians, mold fanatics (discussed further in a bit) who apparently did not know this (it is doctoring 101 actually); the second one refused to give me antibiotics (never did find out why, she was scared for some reason, I figure a past law suit). By the time I figured all this out my lungs were all but destroyed. NOTE: for the first 6 years I had stabilized my blood O2 to 96 which is about normal; after the lung infection it was really bad but I finally got it up to 93 where it stabilized. Then two months ago, out of the blue it just dropped into the 80s and so far I have not yet been able to stop the decline though the early stages of the heparin are helping, discussed later.

Regrettably, it is likely that I have learned all this too late for me as my condition is now progressing rather rapidly. Still, I have some hope (and I will keep working on it) I will improve IF I can obtain the pharmaceuticals I need that can permanently stabilize and possibly reverse the condition. I am not sure I can for I live in a medically totalitarian country where, for my own good, I am prohibited from getting what I need for both economic and drug monopoly reasons. Nevertheless, there is no reason that those of you who are reading this should not benefit from what I have discovered on my journey.

The full protocol is this . . .

- 1) The powdered formulation discussed in my COPD posts at my blog
- 2) The tincture formulations in those posts
- 3) The nebulizer protocol in those posts
- 4) Glutrasol 1E daily
- 5) A number of daily supplements (good, expensive probiotic, vitamin D3, buluoke – the real stuff from earthworms, not the cheap stuff . . . you can get a powdered form that is much cheaper than the capsules made in Canada, 2 capsules am and pm)

Here is where things get harder . . .

- 6) Nebulized heparin, 75,000 IU (better is 150,000 IU) 2x daily. This is a far better choice than the glutathione/essential oil combination that I recommend in the protocols . . . though the one in the protocols is far better than anything your MDs will tell you about. It does work, but heparin, nebulized has been found to stabilize and even retard the development of fibrosis in the lungs. It is also good for the current pandemic problems in the lungs as well as a broad range of lung conditions and damage. There are quite a number of very good studies on it, both clinical trials and individual case accounts. You can get it far more easily in the EU, UK and Australia than here in the US but you can get it from some compounding pharmacies IF you spend time looking for it and are very determined. Well, actually if your MD is very determined and focused. You will need to find an integrative physician to do this in the US. However . . . be advised, that a great many integrative physicians are mold fanatics. It is like a religion with them; IF you reach one and they continually bring up mold testing and all the nonsense about remediation and so on, go someplace else until you find one who has not been converted to that particular religion. NOTE: mold is sometimes a problem, however, the main reason for CILD is occupational (NOT smoking, simple theories come from simple minds with political agendas). In my case, 40 years exposure to remodeling houses, wood dust, and chemicals used as I fixed broken homes and made artisan furniture. This is the main cause, in some form, for men as well, occupational dust exposure over a long time period. For women it is generally cleaning chemicals and makeup accessories over long time periods. Smoking is only one factor and in reality not that big of one for most people. In any event, nebulized heparin is available in the EU fairly easily from pharmacies who can make it up for you in that concentrated a dose. The injectable heparin is not strong enough. NOTE: neblized heparin has NONE of the side effects of the injectable form. It is not an anti-coagulant when aerosolized. There are a number of studies on its use, the one I primarily rely on is one that used the 75k or 150k IU for 21 days, 2x daily and found significant help for COPD. There is one that suggests its use for covid; that article is especially good in that it goes over ALL the actions of the drug when aerosolized and nebulized for inhalation therapy. It is strongly anti-inflammatory, very mucolytic (the best from my own experience), antiviral and antibacterial (for the most common microorganisms that cause adverse exacerbations in CILD). It is also strongly antifibrotic but, again, has NO anticoagulant effects on the blood, that is it is not a blood thinner. NOTE: warfarin is very dangerous and should never be used, ever. I am struggling to get the dosage I need but preliminary results for 10,00 IU 2x daily are promising, I am starting 30,000 IU shortly and will go up soon afterwards one way or another. I may keep using it indefinitely. NOTE: price: 30,000 IU costs, from the place I am using, \$1000 for a 30 day supply. It is not cheap. Again, the drug is NOT approved for this use in the US, for no good reason; all the studies on it show it is very safe in this form.
- 7) Nebulized interferon-gamma 1b. Here is where the medical monopoly in the US really comes into play. This drug, based on the studies have read has been found to reverse pulmonary fibrosis when taken 3x weekly, 1x daily, for 50 weeks. The usual prognosis for idiopathic pulmonary fibrosis is 2-3 years (I am now in year 8). One man who participated in a study and who had made arrangements to die, suddenly found himself well. After the study completed, the MD/researcher writing the article noted wryly, "he managed to find a source for the drug and continued on it long after the study was complete; he is still alive 7 years later." I had no idea why the man put it that way until I began trying to get the drug for myself. In the US the drug has orphan status and costs 750,000 US dollars for a 50 week supply, something I cannot afford. In the EU and UK the cost is 24,000 to 30,000 US dollars, a substantial difference which I can

afford. It is however, illegal to import it from Europe to the US for personal use. The drug is very safe when nebulized and has been found very effective for a range of pulmonary conditions, including IPF. It is strongly antifibrotic. It, similarly to heparin, possesses none of the injectable side effects when inhaled via a nebulizer. I have as yet been unable to find a way to get this drug into the country from either the EU or the UK. Given that I am dying, I really don't care what the US laws are, especially when I know they are not to protect the public but exist solely to line the pockets of the pharmaceutical companies. I am exploring several options (flying overseas is not one of them; my lungs are so compromised now that I cannot travel); I have no restrictions on what I am considering as options to get the drug into the US for my use. I do not know if I will succeed. NOTE: a trial of INJECTABLE gamma-interferon 1b found it no better than placebo in the treatment of IPF, however the nebulizable form has been found far better in the treatment of the condition. And BTW, actimmune is the third or first (depending on source) most expensive drug in the US, running \$50,000 per shot. In the EU it is called some version of Imukin (immukin, imukine, etc). There it costs around \$1000 per two week supply.

- 8) Nebulized peptide GHK-cu. I have not yet started this, but know a bit about it. there are some very good studies on its use in nebulized form especially for emphysema. I have a compounding pharmacy that supposedly will make it up for me but as usual the people involved are proving unreliable. I will have to comment more on this later, see next entry.
- 9) Injectable peptides. This are injected what is called subq, that means just under the skin. I have not yet started this but both the injectable forms have shown success for a number of people. The two I am planning on using are BPC-157 and thymosin beta-4.
- 10) Stem cells. There have been some very good results with stem cells in the treatment of pulmonary problems; I used them 6 years ago with good effect and realized I needed a better foundation for them to take as a long term intervention. The one I used was made from my own blood.

In any event, that is the protocol. I do not yet know how effective the peptides will be but the rest of the protocol is very effective as I know primarily from firsthand experience. Maybe I will be able to find what I need and slow my demise; I hope so, I still have a few things to do.