

# ASTHMA

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CMG Archives

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## IMPORTANT

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### Introduction

Asthma affects the airways which carry air in and out of the lungs.

Consequently, when an individual with asthma comes into contact with something that irritates their airways (an asthma trigger), the muscles around the walls of the airways tighten so that the airways narrow and the lining of the airways become inflamed and start to swell. Additionally, sticky mucus or phlegm can build up, which can further narrow the airways. All this makes it increasingly difficult to breathe.

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### Air Flow Measurement

To measure air flow a "Peak Flow Meter" can be used.

Peak Expiration Flow Rate is the maximum speed of expiration that can be achieved by an individual. This is measured by a Peak Flow Meter (picture right), and expressed in litres per minute.

The results can be indicative of wellbeing as higher values are typically noted when the individual is "well", and lower values when the individual is "unwell" and the respiratory airways are restricted.



### Zones

Regarding respiratory conditions such as asthma, peak flow measurements are typically classified into three zones of measurement, namely green, yellow, and red (picture right). Consequently, evaluation of respiratory ease can be gauged from the zones:

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<b>Zone</b>	<b>Reading</b>	<b>Description</b>
<b>Green Zone</b>	80 to 100 per cent of the usual or normal peak flow readings are clear.	A peak flow reading in the green zone indicates that the lungs are functioning well.
<b>Yellow Zone</b>	50 to 80 per cent of the usual or normal peak flow readings	A peak flow reading in the yellow zone Indicates caution, the respiratory airways are narrowing, and the individual should seek the advice of their health professional.
<b>Red Zone</b>	Less than 50 per cent of the usual or normal peak flow readings	A peak flow reading in the red zone Indicates a serious condition, there is severe airway narrowing of the respiratory airways, and immediate action needs to be taken. This would typically involve contacting a doctor or emergency centre.

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### **Cause**

The cause of asthma is vague; however, an individual is more likely to develop asthma if they have a family history of asthma, eczema, or allergies.

It is speculated that family history, combined with certain environmental factors, influence whether or not an individual will develop asthma. It is noted that environmental pollution can make asthma symptoms worse and may also play a part in the causing of some asthma attacks.

Research has postulated that many aspects of our modern lifestyle, such as changes in housing and diet, and a more "hygienic" environment, may have contributed to the rise in asthma over the past few decades. Research has also shown that smoking during pregnancy significantly increases the risk of a child developing asthma; and children whose parents smoke are also more likely to develop asthma.

It has been noted that adult onset asthma may develop in consequence of:

- After a viral infection
- In response to medication that caused a negative or allergic reaction
- In response to irritants found in the workplace
- In response to irritants found in the home (washing products, house dust and mites, chemicals on fruit, additives in processed food, etc.)

An asthma trigger is anything that causes the symptoms of asthma. Each individual's trigger is different and a person may have more than one trigger. Consequently, an important aspect of controlling asthma is avoiding specific triggers.

It can be difficult to identify exactly what triggers a person's asthma. Sometimes the link is obvious, for example when their symptoms start within minutes of coming into contact with a cat or dog. However, some individuals have a delayed reaction to an asthma trigger, so extra thought and analysis may be needed.

### **Symptoms of Asthma**

Typical symptoms of asthma include:

- Coughing
- Wheezing

- Shortness of breath
- Tightness in the chest

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### Treatment

A wholefood, (low fat, high fibre) diet, relaxation methods (hypnosis, subliminal, empowerment, etc. - see <http://campbellmgold.com> for products), and stress reduction (gentle to moderate aerobic exercise, etc.) are all very important in the management of Asthma.

### Supplements

**Vit A** - up to 25,000 iu daily

**Vit B Complex** (must include at least 300 mcg Biotin (B7)) - 100 mg daily

**Vit C** - 1,000 to 5,000 mg daily (500 mg every 6 hours has been noted as therapeutic in some cases of allergenic asthma)

**Vit E** - 2 x 400 iu caps daily

**Zinc** - 15 to 30 mg daily

**Selenium** - 100 mcg daily

**Acidophilus** (Caps or Powder) - Max dose as recommended by manufacturer

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Some authorities also recommend:

**Pollen** (caps) - Max dose as recommended by manufacturer

**Propolis** and Honey - Max dose as recommended by manufacturer (**Important - some authorities suggest that there are chemicals in Propolis that can, in fact, trigger Asthma; consequently, use Propolis with extreme caution**)

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**Cider Vinegar and Honey** - 2 tsp each of cider vinegar and honey in a glass of spring or filtered water, 3 x daily.

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### Tissue Salts

**Calc Phos** (No 2) - with all other remedies, in all asthma cases - including children.

**Kali Phos** (No 6) alternated with **Ferr Phos** (No 4) - for the difficult breathing of Asthma, and for nervous Asthma.

**Kali Mur** (No 5) alternated with **Kali Phos** (No 6) - for thick, white, tenacious phlegm, difficult to bring up.

**Mag Phos** (No 8) alternated with **Kali Phos** (No 6) - for spasm of the bronchiole muscles

**Dose:**

4 x tabs every 10 minutes during an attack

4 x tabs, 4 x daily for maintenance.

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**Raw Juice Therapy**

The following blends are noted to be therapeutic in Asthma:

- Carrot 280 grams and spinach 170 grams
- Grapefruit juice
- Carrot 230 grams, and celery 230 grams

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**Hydrogen Peroxide Therapy**

It is believed that Hydrogen Peroxide Therapy can be very effective in asthma cases.

See "*Hydrogen Peroxide Therapy*" in the "*CMG Health Archives*" in <http://campbellmgold.com> for details, self-administration, and dosage.

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## APPENDIX

### IRIDOLOGY AND THE RESPIRATORY SYSTEM

#### AN OVERVIEW

##### Introduction

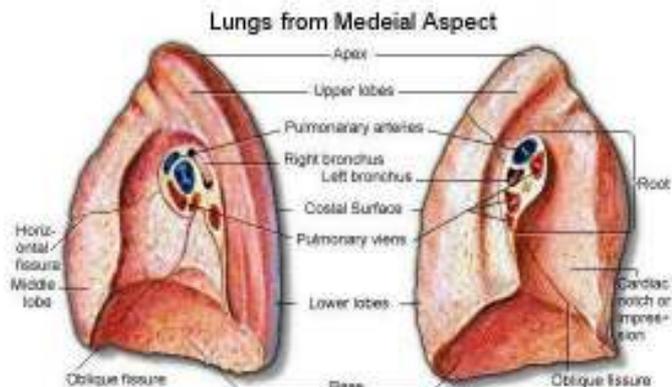
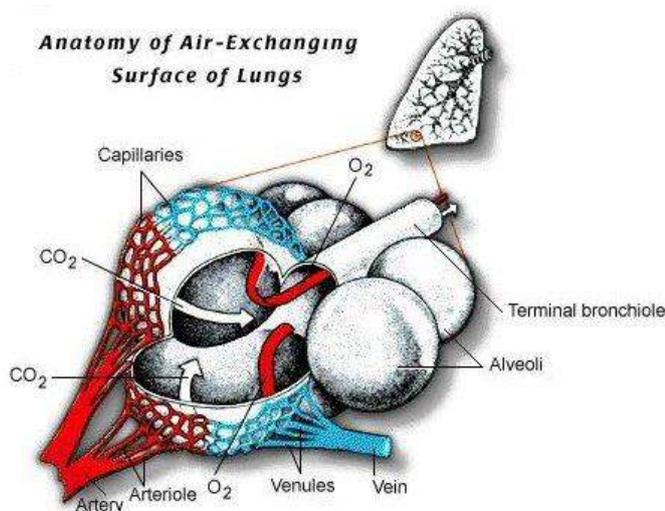
The respiratory tract, which is also called respiratory system, is the complex of organs and structures that transfers oxygen and carbon dioxide between the air outside and the blood flowing through the lungs. It also warms the air passing into the body. The speech function is helped by giving air for the throat (larynx) and the vocal cords. Every 24 hours about 500 cubic feet of air passes through the breathing tract of the average adult, who breathes in and out between 12 and 18 times a minute. The respiratory tract is divided into two parts, the upper and the lower respiratory tracts:

##### Upper respiratory tract

The upper respiratory tract consists of the nose, the nasal cavity, the ethmoidal air cells, the frontal sinuses, the sphenoidal sinuses, the maxillary sinus, the larynx, and the trachea. The upper respiratory tract moves air to and from the lungs and filters, moistens, and warms the air. Infection and irritation of the upper tract are common and often spread to the lower respiratory tract, where they may cause serious complications.

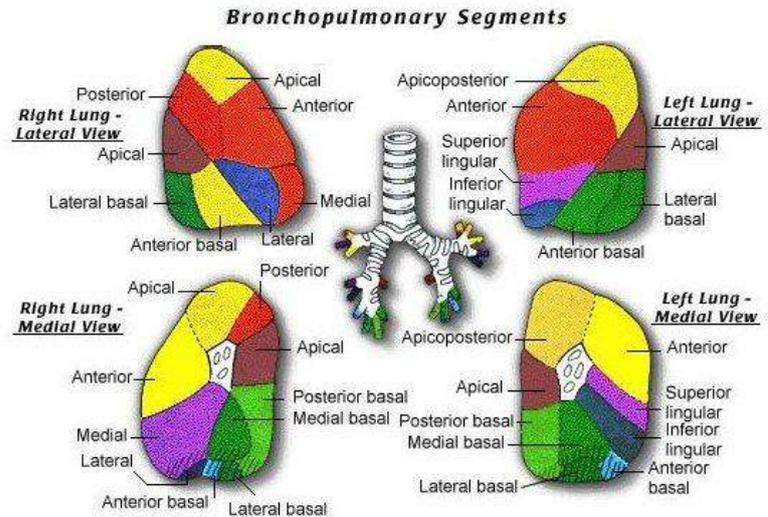
##### Lower respiratory tract

The lower respiratory tract includes the left and right bronchi, and the alveoli where the exchange of oxygen and carbon dioxide occurs during the breathing cycle. The bronchi, which are branches of the trachea, or windpipe, divide into smaller bronchioles in the lung tissue; the bronchioles divide into alveolar ducts; the ducts into alveolar sacs; and the sacs into alveoli. The alveolar sacs and the alveoli present a total lung surface of about 850 square feet for the exchange of oxygen and carbon dioxide. The exchange occurs between the cells lining the alveoli and the tiny capillaries in the alveolar walls. The lower respiratory tract is a common site of infections, obstructive conditions, and lung cancer.



## Lungs

The lungs are of a pair of light, spongy organs in the chest. They are highly elastic, and the lungs form the main part of the body's breathing system. They provide the mechanisms for inhaling air from which oxygen is extracted and for exhaling carbon dioxide, a waste product of the body. The lungs are served by two artery systems. The pulmonary arteries bring deoxygenated blood to the lungs where the oxygen is replaced. The bronchial arteries supply blood to nourish the lung tissues. Most of the blood brought to the lungs by the two artery systems returns to the heart through the pulmonary veins.



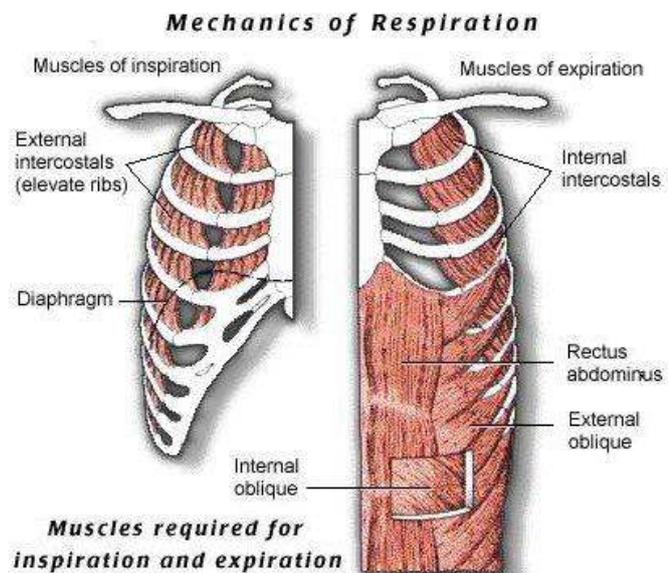
The surfaces of the lungs cradle the heart. Each lung is cone-shaped and has a peak, a base, three borders, and two surfaces. The peak is rounded and it extends into the root of the neck, about 4cm above the first rib. The base of the lung is broad and curved, rests on the surface of the diaphragm, and moves with the diaphragm, down during inhaling and up during exhaling. Thus, the mechanics of breathing is achieved.

The quantity of air that can be exhaled from the lungs after the deepest breath averages 3,700cc. The lungs are composed of lobes that are smooth and shiny on their surface. The right lung contains three lobes, and the left lung contains two lobes. Each lung is covered with a thin, moist (pleural) membrane. An inner coat contains many elastic fibres that line the entire surface of the organ. Within this fibrous layer are secondary small lobes (lobules) divided into primary lobules, each of which consists of blood vessels, lymph vessels, nerves, and a duct (alveolar) connecting with air spaces. The colour of the lungs at birth is a pinkish-white, and this darkens in later life. This colouring comes from carbon granules that are inhaled from the atmosphere. The carbon deposits increase with age, and they are more abundant in men than in women. Moreover, the lungs of men are usually heavier and have a greater capacity than the lungs of women.

## Respiratory Assessment

Respiratory assessment is an evaluation of a patient's breathing system. The patient is asked about coughs, wheezes, shortness of breath, becoming tired easily, having chest or stomach pain, chills, fever, heavy sweating, dizziness, or swelling of the feet and hands. Further, signs of confusion, worry, restlessness, wide nostrils, bluish lips, gums, earlobes, or nails, swelling (clubbing) of the fingers, fever, loss of appetite, and sitting upright are noted.

The patient's breathing is closely watched for slow, rapid, irregular, shallow, or waxing and waning (Cheyne-Stokes) breathing. The patient is also watched for long breathing-out phases, or times without breathing. Rapid, slow, or abnormal heart beats, or signs of congestive heart failure, as



abnormal breathing sounds, fluid build-up, swollen spleen and liver, bloated stomach, or pain are also recorded.

The cage of bone surrounding the lungs (including ribs, spinal bones, and shoulder bones) is checked for defects. Tapping the chest (percussion) is done to check for drum-like sounds (tympans), dull or flat sounds, wheezing, friction rubs, or the carrying of spoken words through the chest wall. Also checked are lowered or absent breath sounds.

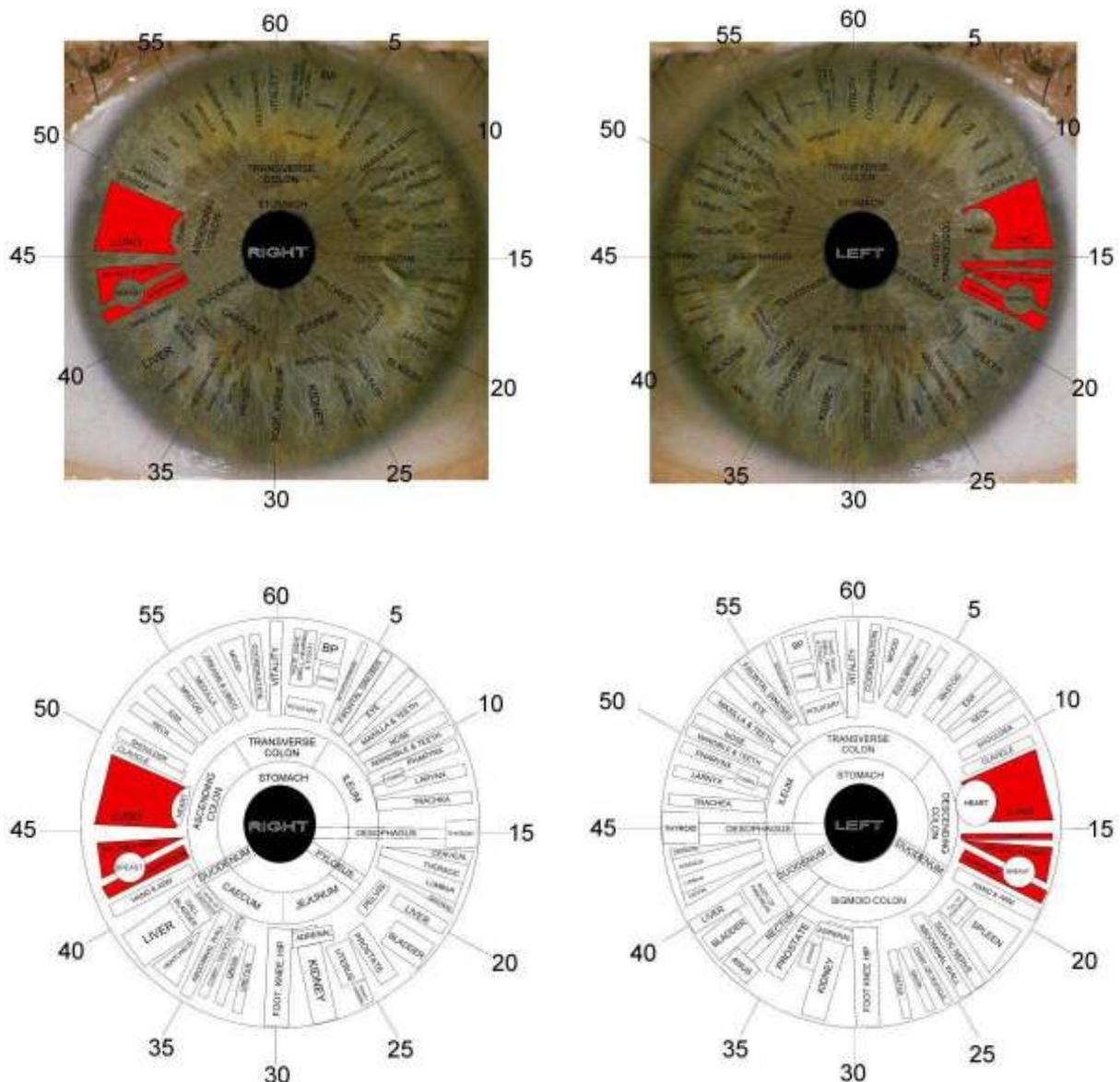
Data important for the test may be allergies, recent exposure to infection, vaccinations, exposure to irritants, prior breathing disorders and operations, long-term conditions, current drugs, smoking habits, and a family history of breathing disorders. Tests are chest x-ray films, complete blood count, a heart rate test (electrocardiogram - ECG), and lung tests.

### Iridology

For indications of problems with breathing, look in the eye area(s) as indicated in red on the following diagrams (included are areas related to the lungs and to the mechanics of breathing):

See Below:

**Breathing Elements - Right Eye, Seg 42-49 (approx.); Left Eye, Seg 11-19 (approx.)**



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