

# EMPHYSEMA

Compiled by

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CMG Archives

<http://www.campbellmgold.com>

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## IMPORTANT

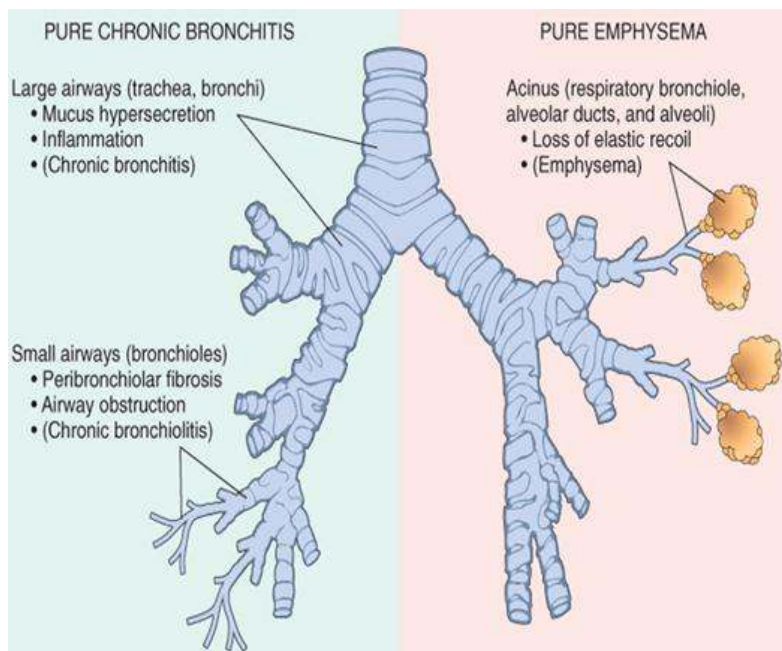
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## Introduction

Chronic obstructive pulmonary disease (COPD) is the name given to a collection of lung diseases including emphysema, chronic bronchitis, and chronic obstructive airways disease.

The main symptom of chronic obstructive pulmonary disease (COPD) is an inability to breathe in and out properly - this is also referred to as 'airflow obstruction'.



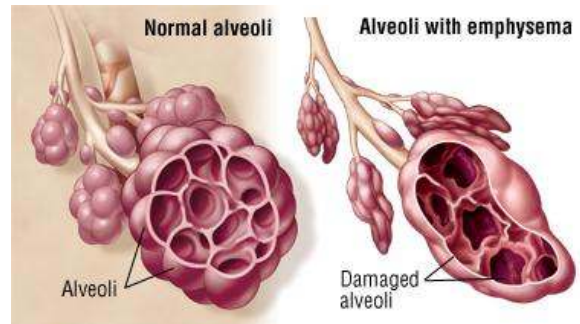
Typically, airflow obstruction is caused by long-term damage to the lungs from an external source - e.g. as a result of smoking.

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### Progression

The effects of emphysema builds up over a number of years, causing the airways of the lungs (bronchioles) to narrow and permanently damaging the air sacs (alveoli) where the oxygen/blood transfer takes place (see right).

As the condition progresses, breathing in and out will become increasingly difficult, and the individual may find it hard to do normal activities, such as working, walking, etc. Additionally, if not enough oxygen is getting through the narrowed airways to the heart and other organs there may be serious secondary complications (heart failure, etc).



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### Symptoms

The symptoms of emphysema can be similar to those of asthma.

However, whereas asthma can be controlled with treatment, emphysema causes permanent damage to the lungs.

(Right - Lungs with Emphysema)

Consequently, treatment for emphysema usually involves relieving the symptoms rather than curing the disease; for example, an inhaler is prescribed to make the breathing process easier.

Smokers have an increased risk of acquiring chronic obstructive pulmonary disease (COPD); and the condition can build up over a number of years, as the lungs are gradually increasingly by smoking. Often, COPD does not become noticeable until after the age of 40.



Typical emphysema symptoms include:

- an early morning smoker's cough
- difficulty in breathing
- feelings of a tight chest
- feelings of shallow and restricted breathing
- mucus and phlegm production
- persistent coughing
- repeated lung and chest infections
- shortness of breath

- symptoms are often worse in winter
- wheezing

If emphysema has developed, the bronchioles (airways of the lungs) will become inflamed and narrowed; and as the alveoli (air sacs in the lungs) become permanently damaged, it will become increasingly difficult for the individual to breathe in and out. Additionally, the symptoms of emphysema are often worse in the winter, and it is common to have two, or more, "flare-ups" a year - a flare-up is when the symptoms are particularly acute.

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### Causes

Smoking is the main cause of chronic obstructive pulmonary disease (COPD), and is responsible for around 80% of cases in the western world. Additionally, the likelihood of developing the condition increases the more that an individual smokes and the longer they have been smoking.



(Right - Tissue Damage from Smoking)

Between the ages of 35 and 45 everybody's lung function naturally begins to gradually decline. Unfortunately for smokers, this loss of this lung function speeds up to approximately three times the normal rate.

From an allopathic perspective emphysema is not curable; however, in the individual stops smoking immediately, the effects of the condition can be slowed.

Other, but much less common causes of emphysema include:

- passive smoking
- pollution
- industrial fumes and dust
- being born more susceptible to the condition (hereditary condition)

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### Allopathic Treatment

There is no cure for chronic obstructive pulmonary disease (COPD), and treatment is palliative (alleviating a problem without dealing with the underlying cause) and mainly used to relieve the symptoms.

Bronchodilator inhalers of varying strength are prescribed

(Right - Lung specimen with emphysema characteristic of smoking)



However, if an individual is not getting adequate relief from the symptoms of COPD by using a bronchodilator inhaler,

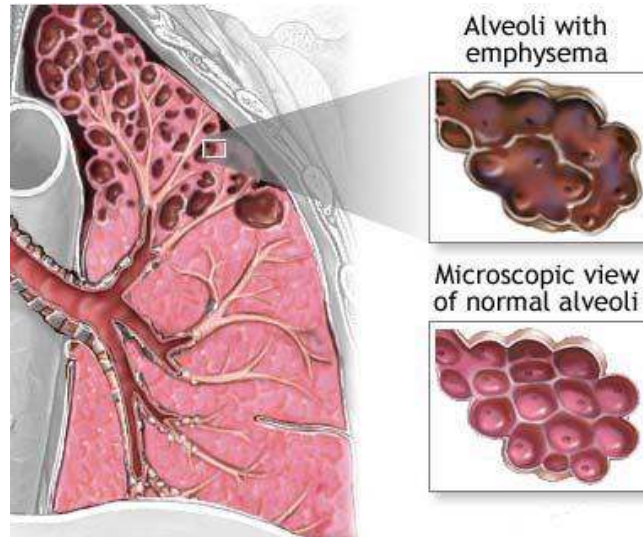
theophylline tablets may be prescribed. Theophylline causes the muscles of the airways to relax and to better open up.

Theophylline also increases the strength of the diaphragm (the large muscle at the base of the chest that is used when breathing) and speeds up how quickly mucus and phlegm can be cleared from the lungs - this helps the individual to breathe more easily.

Because of the risk of potential side effects, such as increased heart rate and headaches, a bronchodilator inhaler is usually tried first before moving on to theophylline .

Mucolytics, such as carbocisteine, make the mucus and phlegm in the throat thinner and easier to expel. This type of medication is particularly beneficial for individuals with moderate and severe COPD, and who have frequent or acute flare-ups.

Antibiotics and steroid tablets will be prescribed for chest and other related infections.



### **Nebulisers**

A nebuliser can be used for very severe cases of emphysema. A nebuliser is a machine that administers medicine through a mouthpiece or face mask. The medicine is in a liquid form, and is converted into a fine mist, which enables a substantial dose of medicine to be taken in one go.

### **Long-term oxygen therapy**

In extreme cases of emphysema, when the oxygen in the blood is very low, the individual may need to take oxygen from an "oxygen concentrator" through nasal tubes or a mask. This must be taken for at least 15 hours a day. Typically, the tubes from the concentrator are very long so the individual will be able to move around while they are connected.

Portable oxygen tanks are also available.

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### **Complementary 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 COPD.

**Swedish Bitters** - many authorities highly recommend Swedish Bitters - max dose.

**Charcoal Therapy** - many authorities recommend Charcoal Therapy, especially for ex-smokers.

### **Supplements**

**Vit A** - 25,000 iu, 1 - 3 x daily for 5 x days, then stop for 2 days

**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 COPD)



**Vit E** - 400 iu caps, 1 - 3 x daily

**Zinc** - 15 to 30 mg daily

**Selenium** - 100 mcg daily

**Acidophilus** (Caps or Powder) - Max dose as recommended by manufacturer (otherwise: 3 x caps, 3 x daily)

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### **Pollen and Propolis**

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 symptoms; consequently, use Propolis with extreme caution**). Persistent, painful coughing can be eased by sucking a propolis lozenge as often as required. Propolis may also accelerate healing in the lining of the bronchi and smaller tubes, since there is evidence that it has this positive effect on the upper respiratory tract.

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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.

Other authorities suggest that an obstinate cough can be helped by equal quantities of honey, linseed oil, and good whiskey. Dose: 1 x tablespoon, 3 - 4 x daily.

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### **Tissue Salts**

**Calc Phos** (No 2) - with all other remedies - including children.

**Silica** (No 12) - with all other remedies (especially for thick and yellow phlegm) - including children.

**Kali Phos** (No 6) alternated with **Ferr Phos** (No 4) - for difficult breathing

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

**Kali Sulph** (No 7) for yellow, watery and copious, or greenish, slimy yellow phlegm.

**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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## Aroma Therapy

For Emphysema: 3 x drops of essence of garden thyme on a little brown sugar, half an hour before every meal.

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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 COPD cases.

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

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## Humidifier/Ionizer

The use of a suitable portable warm mist humidifier/ionizer is also recommended by some authorities.

Such devices allow the individual to inhale air which is healthy, clean, safe, rejuvenating, and ionised - the device changes positive ions into healthy negative ions to enhance well-being and the healing process.

Humidifiers add moisture to the air in a room by emitting warm steam. Consequently, humidifiers help individuals with COPD or other chest complaint to breathe more comfortably, especially at night when the cough is often worse.

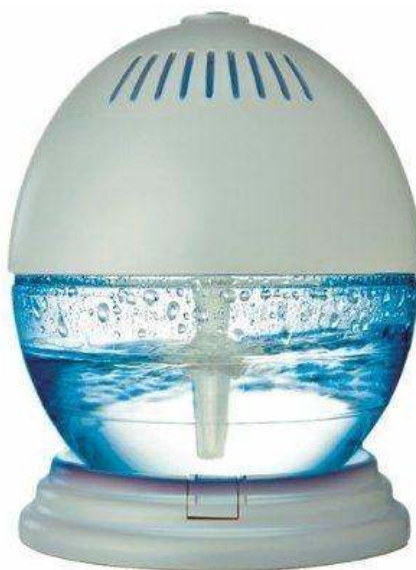
The humidifier will also prevent individuals from acquiring sore throats as a result of breathing in dry air for an extended period of time.

The warm mist is created from boiling water inside the humidifier - the ultrasonic type of device is particularly recommended.

Typically, suitable aromatherapy oils can also be optionally added.

**Note:** when using humidifiers it is very important to maintain a very high degree of cleanliness to prevent unwanted infective agents from being distributed.

End



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## APPENDIX

### RESPIRATORY ASSESSMENT

#### Introduction

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 (tympana), 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.

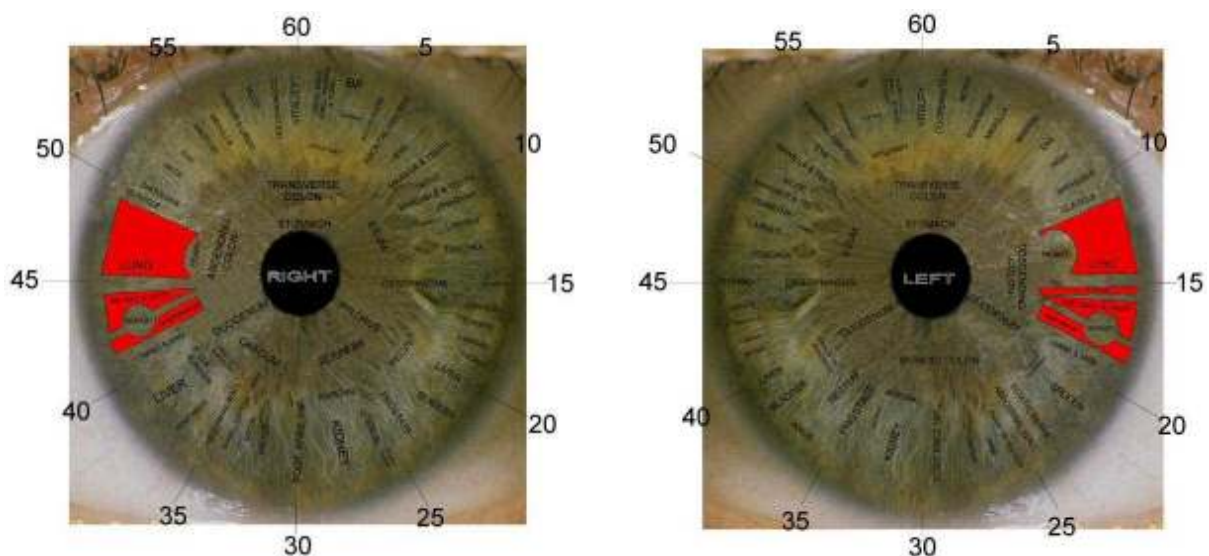
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#### Iridology

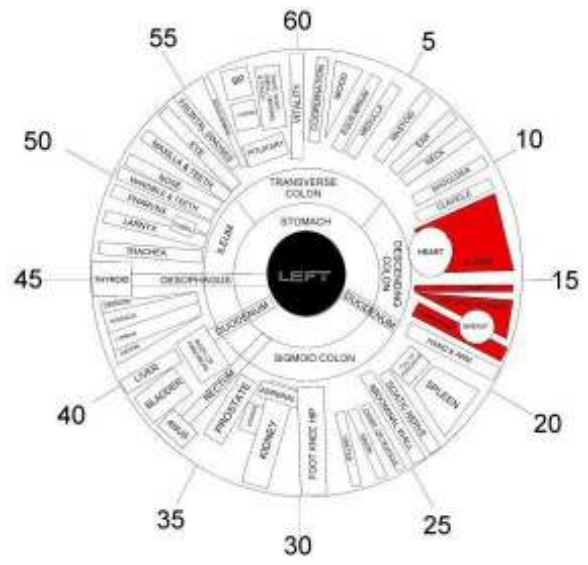
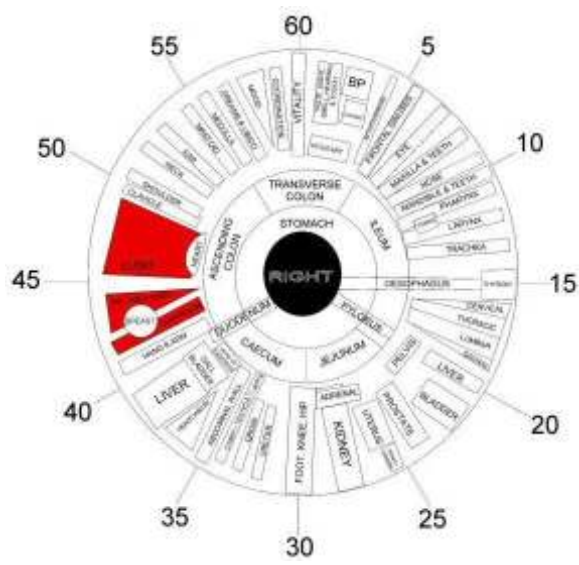
For indications of problems with breathing, look in the eye area(s) as indicated in red on the following diagrams (included are areas related to the lungs and to the mechanics of breathing):

**See Below:**

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







End

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## APPENDIX

### PEAK EXPIRATION FLOW RATE

#### Introduction

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 below), 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.

This is a particularly useful indication of improvement or further development in cases of asthma, bronchitis, and emphysema, etc.

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#### Measuring Peak Expiration Flow Rate

Peak flow measurements can be easily self-administered.

To take a peak flow reading:

- Slide the pointer on the peak flow meter to zero.
- Sit or stand in an upright, relaxed, and comfortable position.
- Hold the meter level, keeping fingers away from the pointer.
- Take as deep a breath as possible, and close your lips around the mouthpiece.
- Blow as hard as you can into the meter (it is the speed of exhalation that is being measured).
- Look at the pointer and read off the measurement.
- Slide the pointer back to zero, and repeat two more times.
- The highest of the three readings is the one that is used.



Peak Flow readings will vary according to the individual's age, height, and gender; and will also vary from person to person. Consequently, it is subjective as to what an individual's best peak flow should be.

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The following tables note typical values of a healthy adult individual:

Adult Male					
Age	Height				
	5' 0"	5' 5"	5' 10"	6' 3"	6' 8"
20	554	602	649	693	740
25	543	590	636	679	725
30	532	577	622	664	710
35	521	565	609	651	695
40	509	552	596	636	680
45	498	540	583	622	665

Adult Male					
Age	Height				
50	486	527	569	607	649
55	475	515	556	593	634
60	463	502	542	578	618
65	452	490	529	564	603
70	440	477	515	550	587
Typical Peak Expiration Flow Rate - Litres per Minute					

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Adult Female					
Age	Height				
	4' 7"	5' 0"	5' 5"	5' 10"	6' 3"
20	390	423	460	496	529
25	385	418	454	490	523
30	380	413	448	483	516
35	375	408	442	476	509
40	370	402	436	470	502
45	363	397	430	464	495
50	360	391	424	457	488
55	355	386	418	451	482
60	350	380	412	445	475
65	345	375	406	439	468
70	340	369	400	432	461
Typical Peak Expiration Flow Rate - Litres per Minute					

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**Note:** an individual's peak flow could be less than typical, which could be normal for them, and they are in good health.

The best of three readings is used as the measured value of the Peak Expiratory Flow Rate.

**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:



Zone	Reading	Description
<b>Green Zone</b>	80 to 100 percent 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 percent 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 percent 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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### Respiration Rate

Normal respiration rate for an adult, at rest, ranges from 15 to 20 breaths per minute.

Respiration rates greater than 25 breaths per minute, or less than 12 breaths per minute, may be considered abnormal.

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