

New Hope For COPD and Pulmonary Fibrosis.

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Likely one of the worst feelings one can have is the inability to breathe in fully. The feeling of lack of a full breath, of not being able to pull in enough air, of only being able to pull the air down to “here”, seems like a form of strangulation. As a childhood asthmatic I’m familiar with the feeling. Having had the bouts of bronchitis and pneumonia I’ve experienced in my life I can relate somewhat to the many COPD patients I’ve helped to rehab.

What causes breathing disorders of COPD and Pulmonary Fibrosis? These conditions can stem from many things: inhaled irritants such as textile lint, rock and coal dust, asbestos, chemical fumes, smoke (cigarette and otherwise). Sometimes these ills form for no plausible reason at all. In such cases, where a recognized root cause for the condition has not been found, the word idiopathic is used as part of the diagnosis.

What is happening in COPD and PF? In these conditions we see a chronic inflammation in the tissues of the lungs. This inflammation can be sparked by the constant irritation of inhaled substances that either can’t get out of the lungs once they are in (such as lint and rock dust) or from the caustic burning of chemical and smoke exposure. In idiopathic PF, we’ve usually no idea why the inflammation is there. Now, this long term low to mid level inflammation creates a monster of its own - scar tissue. The lungs inside are very delicate and scar over really easily. The inflammation of bronchitis and asthma can scar the lungs even though their inflammation is measured in days not the months or years of inflammation as with COPD and PF patients.

The lungs contain little sacs called alveoli. These sacs are very elastic and they are the structures responsible for transferring oxygen from the air into the blood. The opening to these sacs are relatively small as the opening to a balloon is small compared to the balloon itself. When scar tissue builds in the lungs this spider web of human silk not only keeps the lungs from fully expanding, restricting them from the inside, the fibrosis also builds up over the openings to the alveoli keeping air from being able to get into them and in turn from getting into the blood. The result is the inability to take in a full breath of air and lowered blood levels of oxygen. Oxygen levels in the blood ideally should be at 95% saturation rate or better. From 90 to 95 is ok but not great. Most healthy folks would faint if their blood saturation went below 89%! Many COPD and PF patients live with saturation rates in the 80’s and as you can imagine at that level of oxygenation brain function is not at its optimum and just doing the activities of daily living can be a chore equal to running a marathon.

What treatments are standard for COPD and PF patients? Cortico steroid anti

inflammatory drugs. Anyone familiar with the dreadful side effects of prednisone and the cortisone family of drugs doesn't need a lecture from me as to how bad they are to use long term. For those of you not familiar with the side effects of the cortico steroid drugs look them up on the internet or better yet, speak to someone who's been on them for a while.

The Non Steroidal Anti Inflammatory Drugs (NSAID's) cannot be used with COPD or PF patients as they would be toxic for long term use at the level of dosing needed to bring down lung inflammation. Also, it's been shown through the deaths of thousands of patients using the newer COX 2 drugs, that these medications can actually create inflammation in the heart, lungs and internal organs! A pharmacological Oxymoron!

It is through the medium of the cortico steroids that medicine tries to bring down the inflammation and by so doing tries to reduce the rate at which the lungs fill with fibrosis. Most everywhere except for Germany, Japan and Central Europe medicine has not heard of systemic enzymes and don't use them widely. So in most of the countries of the world there is nothing available to eat (lyse) away at the fibrosis growing within the lungs of COPD and PF patients. Most docs will tell you there is nothing that can be done to get rid of the scar tissue of these conditions or to get rid of scar tissue / fibrosis in general. The use of systemic enzymes with these or any patients is completely safe as they have no toxicity what so ever (No LD-50) and can be taken along side any medication except for coumadin, warfarin or heparin.

My first exposure with the application of systemic enzymes (Vitalzym) against PF came from the work of the pulmonologist the late Dr. White of Winston Salem North Carolina. He used Vitalzym systemic enzyme to control the chronic inflammation of a PF patient of his and was amazed to find the patient had greatly increased his Pulmonary Capacity and oxygen saturation in just 7 days!

In the ensuing years since Dr. Whites work, I've spoken to a number of COPD and PF patients who have tried Vitalzym either on the recommendation of a health care professional or on their own. So far there hasn't been a single one of those patients who did not benefit from taking the enzymes. Increased Vital Capacity (total volume of air drawn into the lungs), increased blood oxygen saturation, thinner lung mucous which is easier to bring up and be rid of. Their stories are so consistent that I've proposed a study to finally put the imprimatur of "science" on the clinical results we've been seeing.

For those COPD and PF patients reading this, don't wait for the studies to be published. You might not have that long... Get on the Vitalzym enzymes, (at 3 to 5 capsules 3 times daily taken in between meals) and in 1 months time go get your lungs retested. Your doc will be very surprised, you'll already have figured it out and be running rings around the old you!