Trying to Breath: Exploring Alternative Treatment

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As a healthcare provider, I fall into the tendency to attend to everyone else’s problems, with intense commitment and vigor, in comparison given attention to my own. Over the last few years, I have found my physical endurance increasingly reduced. Although I have utilized natural treatments, that I encourage other’s to test out under their physician’s care, I have continued to become more short of breath and fatigue easily. This could be secondary to complications of a bicuspid valve, including bicuspid aortic valve (BAV) aortopathy. It is even more difficult to determine if this is the cause because of having concomitant chronic obstructive pulmonary disease, asthma and chronic allergies.

There is a key progression that promotes inflammation and potentially emergency medical crisisrelating breathing. The fact is that many elements in our environment (i.e., pesticides, herbicides, electromagnetic exposure, and other) promote inflammation. We hear of cyclonicstorms, autoimmune response, irritable bowel syndrome, and acquired cumulative neurotoxic response. Mast cells respond to allergens by releasing histamine. Mucus is produced creating a coating in the throat and all parts of the respiratory system. When this starts to interfere with the perception of being able to take in oxygen, anxiety and panic start triggering an asthma attack. This further complicates breathing creating acute respiratory distress. During the time that there is excess mucus coating the respiratory tract, bacteria and pathogens can be introduced into the system lending to pneumonia and other conditions.

To provide an overview of my case, I have suffered from COPD for the last ten years, and asthma and severe allergies all of my life. One year ago, I suffered two months of pneumonia. Since then, I have been suffering from severe lergiesand congestion impairing my ability to breath. In attempting to continue to breath, I have tried every over-the-counter and prescription oral antihistamine, finding only diphenhydramine 50mg every four hours and guaifenesin 1200mg every 12 hours. Besides the sedation of the diphenhydramine, it can contribute to small vessel disease, and other complications. I attempted to find less risky treatment options with my physician. I started to examine alternative treatments which physiologically showed some promise. Almost all prescription and OTC medications had negative side-effects.

From past research and review of literature, I found support in the use of oral dosages of N-acetylcysteine. It has shown promise in treatment of various psychiatric and medical conditions. It has been helpful with detoxification and reduces inflammation. It is also a relatively good expectorant that can either augment or replace the use of guaifenesin.

With the significant complications with chronic use of diphenhydramine, I sought other alternative options. During my research, I repeatedly came across Mast Cell Activation Syndrome. One treatment that provided some positive rational was Quercetin which inhibits the release of his tamine from mast cells. Sources of Quercetin are onions, yellow or green peppers, capers, shallots, cooked asparagus, cherries, tomatoes, red apples, red grapes, and broccoli. One of the complications in using Quercetin is that it is not easily absorbed. This can be improved by concomitant use of bromelain, a substance derived from the stem of pineapple plants. The positive aspect of Quercetin is that it is an antioxidant (as is N-acetylcysteine), and it has no known side-effects. I began use of the Quercetin with bromelain at 1600mg/330mg two to three times per day. Within three days, my need for diphenhydramine reduced to once every 24 hours.

Regardless of the official diagnosis, the reality is that given a prolonged infection or biological attack, our immune system can over react to the point of activating defense systems which result in the systemic assault and acute respiratory distress.

One of the problems that I recognize is that we have lost some of the integration of systemic medicine through our overspecialization, and reducing our general practitioners to what sometimes would be seen as a “referral service.” This is demeaning to general practitioners and family practitioners who, given a choice, would be more proactive for their patients. This has delayed treatment to the patient reaching specialists, and added to the overall healthcare costs.

As we are touting the vaccines who carry with them disclaimers causing the public to question their value and safety, we have failed to educate health care providers and patients on the importance of normal Vitamin D, Zinc, and other base biochemistry needed to reduce the severity of acute respiratory distress and hospitalization. We need to expand our vision and medical efforts.

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