COPD (Congestive Obstructive Pulmonary Disease):
What it is and What to Do

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COPD originates from the immune response to chronic aggravation of lung tissue. While it is most frequently from cigarette smoking, it can occur in some susceptible non-smokers.

Lungs are fairly fragile. Yet as long as we live, they are stretched to expand and then allowed to contract, over and over. The tissue must be tender enough to allow absorption of oxygen from the air but be protected from oxidative damage. Considering all that, it seems amazing that lungs generally last a lifetime.

Like other tissues of the body, if damaged they get inflamed. If further exposed to something not tissue-friendly, damage continues, and scar-like tissue will be laid down for protection. Normally that’s supposed to stop, but if damage continues and scarring continues uncontrolled, it becomes “fibrosis.” If that happens in the lungs or bronchi, it’s called pulmonary fibrosis. It’s hard to breathe through a scar.

That fibrosis is reversible has been known for at least 15 years, but the news doesn’t seem to have gotten around well. COPD is considered a “progressive” condition, meaning that it continues to get worse. So just stopping the progression is considered an initial victory.

Thus, the first step is to stop all known aggravation to the lungs. Second, the immune mechanisms producing inflammation and scarring must be quenched. This is known biochemistry using mostly natural agents. Even if reversal of fibrosis is a slow process, it’s joyfully obvious when one breathes better.

One of Dr. Lamson’s case histories regarding COPD is listed in the National Library of Medicine and can be viewed on the Internet at https://www.ncbi.nlm.nih.gov/pubmed/11056412 and double click the icon. Considerably more chemical complexity is employed since this in 2000.