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Banishing Bronchitis

Dear Dr. Klaper:

For the past seven days, I have been coughing up large quantities of yellow phlegm in the morning. Could I have bronchitis?

*Learn more about sore throats by renting or buying the 35-minute video "Banishing Bronchitis and Soothing Sore Throats Without Antibiotics" by Dr. Michael Klaper

UPDATED: August 24, 2015

Not only might you have bronchitis, **your symptoms define the disease** – namely, cough and hypersecretion of mucus from an irritation (usually from infection) of the inner lining of the bronchial tubes of the lungs.

Incidentally, bronchitis differs from pneumonia in that bronchitis is limited to the inner bronchial tube lining, whereas in pneumonia, the infection has spread out into the substance of the lungs, infecting the microscopic air spaces, called alveoli.

Causes: Bronchial infections are generally caused by viruses or by the normal bacteria in your nose and throat taking advantage of any occasion when your body's immunity may be lowered. Your resistance to infection can be compromised by factors such as insufficient rest, smoke-filled rooms, emotional stress, unhealthy, sugary foods, time zone changes, air in airplanes, and many other assaults on our immune systems presented by modern life and travel. Such conditions can roll out the welcome mat for microbes that actively invade and set up housekeeping in your bronchial tube linings. Their toxic byproducts injure the delicate mucus membranes that line your lungs and – voila! – soon, you are feverish, achy, and coughing up colored phlegm. Bronchitis!

(Cigarette smokers are active accomplices in fostering their own bronchitis. They give the microbes a powerful assist by repeatedly scorching their lung linings every few hours with hot smoke. Smokers must decide whose side they are on – the microbes or their lungs. Alas, the most common cause of bronchitis is cigarette smoking and specific advice to smokers appears below at the end of this article.)

If you are not repeatedly inhaling hot smoke or heavily polluted air, your body will eventually clear itself of this bronchial infection; however, you have a great opportunity to speed up your own healing with the following strategies:

1) **Get enough sleep.** Our bodies heal when we sleep. (Children grow while they sleep.) If your body tells you to lie down and take a nap, listen to it. Napping even for ten minutes can boost your immune response.

- 2) Consider taking a (high potency) multivitamin/mineral supplement once weekly and vitamin C, 250-500 mg., twice daily during the infection episode.
- 3) Eat plenty of fresh fruits and vegetables and minimize your intake of all processed foods, especially refined sugars, hydrogenated oils, packaged foods, "fast foods" and restaurant meals. Lots of colorful salads, fruit bowls and hearty vegetable soups and stews are your best friends during an episode of bronchitis indeed, in most situations where healing needs to be optimized.
- 4) You and your physician will decide whether you should take an antibiotic for this case of bronchitis. Since most cases of bronchitis are caused by viruses which are not susceptible to antibiotics and because most bronchial infections generally clear with time, antibiotics should be reserved for those times when you are really sick high fever, shaking chills, endless coughing, etc.

Whether or not you employ an antibiotic, you must take an active role in clearing this bronchial infection from your lungs. A key to overcoming this infection is to **eliminate the mucus accumulations** which make you cough and, more importantly, provide a good culture medium for bacterial growth.

Antibiotics alone will not clear the mucus from your chest! One of the most self-defeating things a person with a lung infection can do is to sit quietly all day in a chair (in front of a computer or TV) breathing shallowly, and allowing the infected secretions to thicken and pool in the bronchial tubes and lower parts of the lung.

- 5) You can greatly speed up your healing by **clearing secretions from your bronchial tubes** with the following strategies:
 - a) Thick secretions must be thinned. Make your lung secretions thinner by:
 - i) **Keep yourself well hydrated!** When we get dry, so does our mucus. By drinking plenty of clear liquids, you can help liquefy and thin the lung secretions. So, drink a six-ounce glass of something clear and wet, such as water, tea, broth, or fresh vegetable juices no dairy products! every three or four hours.
 - ii) Inhale some steam twice a day for 15 minutes, such as by using a vaporizer, inhaling steam off a pot of boiled water, etc. (Careful not to burn your face!)
- b) Once the bronchial secretions are thinner, they **must be moved out of the lungs**. You can promote this by taking advantage of the fact that when you take a deep breath in, your bronchial tubes open up (expand their diameter) and when you breathe out, your bronchial tubes resume normal diameter. Thus, **deep breathing provides a pumping action** that gets the mucus secretions moving upward to the throat where they may be coughed out, spit out, or swallowed.
- c) So, **at a minimum, every hour,** sit up straight and take three or four deep breaths. If it's comfortable, after the last breath, give a good, deep cough to eliminate as much bronchial secretion as possible.
- d) Even better, if you feel up to it, any activity that produces **sustained deep breathing** will not only increase mucus secretion elimination, but the increased blood flow will draw immune cells, antibodies and any antibiotics into the chest region to help eradicate the infection more quickly.

An easy 20 to 40-minute walk, a gentle pedal on an exercise bike (5 to 30 minutes), a few laps in the pool, etc. – any activity that encourages you to breathe deeply in and out – done once or twice a day, will markedly help clear the chest, especially after you have hydrated yourself in the manner described in paragraph 2(a).

The natural course of bronchitis, when properly treated utilizing the strategies above, is for the **colored mucus** (green, yellow, gray, etc.) to turn white and then begin to clear over the 24 to 96 hours following initiation of treatment. The feeling of "being sick" usually subsides within 24 – 48 hours and normal activities can be resumed as strength and enthusiasm return (which they should do quickly, in the absence of other serious medical disease).

You have a great opportunity to speed up your healing by adhering to the strategies outlined in this article about bronchitis and how to clear secretions from your bronchial tubes.

The most common and serious cause of bronchitis is cigarette smoking. See specific advice to smokers at the end of this article.

Bronchitis is not contagious! When people near someone with a bronchial infection "catch" bronchitis themselves, it is probably because they have established the same conditions in their body that allowed their friend or loved one to become ill – but, most likely, they did not get their infection from another person. However, be considerate and cover your mouth when you cough.

Bronchitis makes you cough – and coughs can carry contagious viruses and other organisms to people nearby.

The recovery from bronchitis is usually complete and relatively prompt. If you do not re-create the conditions that allowed the infection to become established in your respiratory tract, there is no reason to expect you should experience another episode of bronchial infection any time soon, if ever.

However, we must respect that, after such a fierce battle is fought in our bronchial tube linings, the microbial infection may be gone, but the **residual inflammation and tissue repair processes may persist for four to six weeks, or longer.**

You may have an irritating mucus drip in your throat or find yourself very easily slipping into a coughing spell for a number of weeks after the original infection – this is all part of the healing phase.

Again, patience, a good diet with lots of fresh, wholesome foods, sufficient rest, ample clear fluids and frequent deep breathing will promote healing of the entire bronchial tree.

SMOKERS, PLEASE NOTE: The most common and serious cause of bronchitis is cigarette smoking. Smokers keep a continuous thermal and chemical burn percolating in their lung linings.

As a response to the smoke assault, the bronchial tube linings secrete a sugar-rich mucus, which accumulates overnight and pools in the bronchial tubes. The microbes flourish and then digest the mucus, altering its color and, in the morning, the bronchitic person typically sits up coughs out this colored phlegm – the classic "smoker's cough."

Chronic bronchitis in smokers never completely clears from the lungs as long as the person continues to smoke. Over the years, the constant inflammation and infection fosters scarring and permanent narrowing of the bronchial tubes.

Breathing out through narrowed bronchial tubes creates a back-pressure which, in turn, blows out the lungs' microscopic air sacs (alveoli) where oxygen enters the blood. This results in emphysema, a dreadful disease that steals your breath and eventually, your life.

Of course, the smoke of any burning leaves is also filled with carcinogens and, thus, cigarette smoke spawns the lung cancers to which so many smokers fall victim.

INTENTIONAL CAPS FOR EMPHASIS:

IF YOU ARE A SMOKER, REALIZE THAT BRONCHITIS IS A MESSAGE FROM THE INNER LININGS OF YOUR LUNGS. YOUR LUNGS ARE WAVING A FLAG TO YOU TO INDICATE YOU ARE DAMAGING YOURSELF SEVERELY AND YOU ARE ON A ROAD THAT LEADS TO A

HIDEOUS FATE OF OXYGEN TANKS, EMERGENCY ROOMS, AND GASPING FOR AIR - OR DYING FROM AN AGGRESSIVE CANCER OF YOUR LUNG OR THROAT.

DO WHATEVER YOU NEED TO DO TO STOP SMOKING!!!

THERE ARE MANY EFFECTIVE AIDS AVAILABLE TO YOU - MEDICATIONS, NICOTINE SOURCES AND SUBSTITUTES, SUPPORT GROUPS, ETC. - BUT, IT ALL BEGINS WITH YOUR REALIZATION THAT IT IS TIME TO STOP SMOKING AND FOR YOU TO RESOLVE TO DO SOMETHING ABOUT IT.

TALK TO YOUR DOCTOR OR LOCAL LUNG ASSOCIATION ABOUT A SMOKING CESSATION PROGRAM, NOW!

TO STOP SMOKING IS THE SINGLE MOST IMPORTANT ACT YOU CAN DO TO SAVE YOUR LIFE AND HEALTH!

To your good health and happiness,

Dr. Michael Klaper

APER, M.D.

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