

Effect of Natural Treatments Ipechahcuana 6 and Spongia 6 on COPD in Human Patients

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Abstract

Ten patients suffering from COPD were included in the 60 days study. They were administered ipecacuana and songia tosta naturally found. Ipecacuanha contains the pseudo-tannin or cephaëlic acid and the alkaloids emetine (methylcephaeline) and cephaeline. The plant based preparations were used with good efficacy with 100-110 ug of emetine. It expels the phlegm or liquefies and facilitates the mucous to expel out for the relief of congestion in chest/lungs. The cephaline also facilitates in mucous expulsion. The lung functional efficacy is improved with solution of Spongia tosta because it has been used in several ailments. It contains Avarol that inhibits inflammatory responses like tumor necrosis factor-alpha (TNF-alpha). The combination of both natural drugs give a synergistic effect to cop up the Emphysema (might be major cause of short breath in COPD) and mucolytic effect along with bronco-dilatation for the symptomatic relief of the COPD patient. Still the role of natural drugs is not clear and it needs further investigation on latest diagnostic tools for the better treatment and quality of the life of the COPD patients.

Keywords: Natural treatments; COPD

Introduction

The COPD is a problem of all the advanced countries [1,2]. Moreover up to 2020 it will be one of the leading cause of death in world as well as in USA [3]. It is always sought to avoid the problems in the medically advanced countries but the problem persists and even can lead to resistance in antibiotic profile [4] the best antibiotics remained fail to treat the effected patient. Mostly the problem is exacerbated by sputum, morning sickness, dyspnea, short of breath and extreme weakness with bronchitis [5]. The problem goes undiagnosed or poor diagnosed even after exhaustive diagnostic tools [6]. The problem like COPD is widening its circle even after the development of third generation antibiotics or chemotherapies [6]. The global strategy to treat the COPD [3,4] was reviewed for the prevention of disease but still it is to be implemented. The advanced chemotherapies like triamcinolone was inhaled in patients [7] that improved the health status but could not stop the lungs dysfunction [8] but the herbs like Ipecacuana commonly used in Asia, Brazil and other countries [9] showed a series of good results and were successfully grown on the local grounds. The purpose of this study is to evaluate the novel combinations to treat the exacerbating syndrome with available natural remedies.

Materials and Methods

Total ten non-smoker human patients showing COPD signs of five male and five female after getting necessary consent were included in the study. The disease was diagnosed by spirometry [10] and criteria was followed as per guide lines [11,12]. The solution of ipecacuana (*Carapichea ipecacuanha*) and *Spongia tosta* (roasted sponge from the sea) were prepared as described [13-16]. The non-smoker patients were registered and the study was initiated for the 60 days. They were contacted frequently and asked for any complications time to time. The data obtained was analyzed statistically with DMRT [17]. The x-ray of chest was obtained for better diagnosis and better understanding of the internal chest condition (Figure 1). The solutions of ipecacuana (*Carapichea ipecacuanha*) and *Spongia tosta* (roasted sponge from the sea) were given per oral in little sip of water for thrice in day (tid) and monitored regularly.

Results

Ten COPD suspected patients were showing better results. The study expanded up to 60 days and ipecacuana (*Carapichea ipecacuanha*) and

Spongia tosta (roasted sponge from the sea) were given thrice in a day in little amount of water per oral. The phlegm was reduced 60% apparently along with improvement in ability to walk. The short of breath was 20%



Figure 1: X-Ray of chest with COPD.

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less in patients and night cough has decreased in frequency up to 60%.

Discussion

The COPD patients suffer from chronic cough at night with phlegm along with short of breath (dyspnea) [18]. The lungs suffer from less efficacy of oxygen inhalation due to less expansion of its muscles [19]. The lungs show inflammatory process in the presence IL-6 and IL8 of phlegm [20] along with a variety of inflammatory cells produce CXCL10 in response to antigens (phlegm) in COPD [21] and the continues presence of antigen reduces the lung function [22]. Moreover the COPD patients reduce in their BMI [23]. The presence of antigen and frequent coughing may make the COPD patients vulnerable to other respiratory problems [24]. The ipecacuana (Carapichea ipecacuanha) contains [25] Ipecacuanha contains the pseudo-tannin or cephaëlic acid and the alkaloids emetine (methylcephaline) and cephaline. The plant based preparations are used with good efficacy [26] with 100-110 µg of emetine. It expels the phlegm or liquefies and facilitates the mucous to expel out for the relief of congestion in chest/lungs. The cephaline also facilitates in mucous expulsion [27]. The lung functional efficacy is improved with solution of Spongia tosta [28] because it has been used in several ailments [29]. It contains Avarol that inhibits inflammatory responses [30] like tumor necrosis factor-alpha (TNF-alpha) [31]. The combination of both natural drugs give a synergistic effect to cop up the Emphysema (might be major cause of short breath in COPD) and mucolytic effect along with bronco-dilatation for the symptomatic relief of the COPD patient. Still the role of natural drugs is not clear and it needs further investigation on latest diagnostic tools for the better treatment and quality of the life of the COPD patients.

References

- Murphy TF, Sethi S (2002) Chronic obstructive pulmonary disease: role of bacteria and guide to antibacterial selection in the older patient. *Drugs Aging* 19: 761-775.
- Murphy T, Sethi S (2002) Chronic obstructive pulmonary disease: role of bacteria and guide to antibacterial selection in the older patient. *Drugs Aging* 19: 761.
- Rabe KF, Hurd S, Anzueto A, Barnes PJ, Buist SA, et al. (2007) Global strategy for the diagnosis, management, and prevention of chronic obstructive pulmonary disease: GOLD executive summary. *Am J Respir Crit Care Med* 176: 532-555.
- Anthonisen NR, Manfreda J, Warren CP, Hershfield ES, Harding GK, et al. (1987) Antibiotic therapy in exacerbations of chronic obstructive pulmonary disease. *Ann Intern Med* 106: 196-204.
- [No authors listed] (1995) Standards for the diagnosis and care of patients with chronic obstructive pulmonary disease. American Thoracic Society. *Am J Respir Crit Care Med* 152: S77-121.
- Celli BR, Cote CG, Marin JM, Casanova C, Oca MMD, et al. (2004) The body-mass index, airflow obstruction, dyspnea, and exercise capacity index in chronic obstructive pulmonary disease. *New England Journal of Medicine* 350: 1005-1012.
- Lung Health Study Research Group (2000) Effect of inhaled triamcinolone on the decline in pulmonary function in chronic obstructive pulmonary disease. *N Engl J Med* 343: 1902-1909.
- Burge PS, Calverley P, Jones PW, Spencer S, Anderson JA, et al. (2002) Randomised, double blind, placebo controlled study of fluticasone propionate in patients with moderate to severe chronic obstructive pulmonary disease: the ISOLDE trial. *Bmj* 320: 1297-1303.
- Silva RCPd, Maia SSS, Coelho MdFB, Silva FND, Cândido WDS (2011) Propagação Vegetativa De Ipeca-Branca (Hybanthus Calceolaria (L.) Schulze-Menz-Violaceae) Utilizando Diferentes Substratos. *Revista Verde de Agroecologia e Desenvolvimento Sustentável* 6: 3.
- Falascchetti E, Swanney MP, Crapo RO, Hankinson JL, Jensen RL, et al. (2007) Diagnosis of COPD. *Thorax* 62: 924-925.
- Vollmer WM, Gíslason T, Burney P, Enright PL, Gulsvik A, et al. (2009) Comparison of spirometry criteria for the diagnosis of COPD: results from the BOLD study. *Eur Respir J* 34: 588-597.
- Bolton CE, Ionescu AA, Edwards PH, Faulkner TA, Edwards SM, et al. (2005) Attaining a correct diagnosis of COPD in general practice. *Respir Med* 99: 493-500.
- Felicio LB (2010) Process to Obtain a Homeopathic Medicament and Use Thereof: Google Patents.
- Bilia AR (2009) The future of herbal medicinal products: is there a need for scientific assessment? The Italian situation. *ESCOPE Symposium*.
- Chase C, Utica N (1910) Spongia Marina Tosta. *The North American Journal of Homeopathy* 58: 37.
- Liu J (2013) Kit Providing Multiple Unmet Therapeutic Effects: US Patent 20:130,216,574.
- Cazzola M, Noschese P, Salzillo A, De Giglio C, D'Amato G, et al. (2005) Bronchodilator response to formoterol after regular tiotropium or to tiotropium after regular formoterol in COPD patients. *Respir Med* 99: 524-528.
- Rodriguez-Roisin R (2000) Toward a consensus definition for COPD exacerbations. *Chest* 117: 398S-401S.
- Aaron SD, Vandemheen KL, Clinch JJ, Ahuja J, Brison RJ, et al. (2002) Measurement of short-term changes in dyspnea and disease-specific quality of life following an acute COPD exacerbation. *Chest* 121: 688-696.
- Bhowmik A, Seemungal TA, Sapsford RJ, Wedzicha JA (2000) Relation of sputum inflammatory markers to symptoms and lung function changes in COPD exacerbations. *Thorax* 55: 114-120.
- Hardaker EL, Bacon AM, Carlson K, Roshak AK, Foley JJ, et al. (2004) Regulation of TNF- α -and IFN- γ -induced CXCL10 expression: participation of the airway smooth muscle in the pulmonary inflammatory response in chronic obstructive pulmonary disease. *The FASEB journal* 18: 191-193.
- Donaldson GC, Seemungal TA, Patel IS, Bhowmik A, Wilkinson TM, et al. (2005) Airway and systemic inflammation and decline in lung function in patients with COPD. *Chest* 128: 1995-2004.
- Vibhuti A, Arif E, Deepak D, Singh B, Qadar Pasha MA (2007) Correlation of oxidative status with BMI and lung function in COPD. *Clin Biochem* 40: 958-963.
- Garcia-Aymerich J, Farrero E, Féllez MA, Izquierdo J, Marrades RM, et al. (2003) Risk factors of readmission to hospital for a COPD exacerbation: a prospective study. *Thorax* 58: 100-105.
- Pinn G (2001) Herbal therapy in respiratory disease. *Aust Fam Physician* 30: 775-779.
- Murali PM, Rajasekaran S, Paramesh P, Krishnarajasekar OR, Vasudevan S, et al. (2006) Plant-based formulation in the management of chronic obstructive pulmonary disease: a randomized double-blind study. *Respir Med* 100: 39-45.
- Bromley PJ, Huang LN (2013) Compositions for mucosal delivery of agents: Google Patents.
- Boice J (2011) *The Green Medicine Chest: Healthy Treasures for the Whole Family*: Morgan James Publishing.
- Müller WE, Batel R, Schröder HC, Müller IM (2004) Traditional and Modern Biomedical Prospecting: Part I-the History: Sustainable Exploitation of Biodiversity (Sponges and Invertebrates) in the Adriatic Sea in Rovinj (Croatia). *Evid Based Complement Alternat Med* 1: 71-82.
- Kacem R (2013) Phenolic compounds from medicinal plants as Natural anti-elastase products for the therapy of pulmonary emphysema. *Journal of Medicinal Plants Research* 7: 3499-3507.
- Amigó M, Payá M, Braza-Boïls A, De Rosa S, Terencio MC (2008) Avarol inhibits TNF-alpha generation and NF-kappaB activation in human cells and in animal models. *Life Sci* 82: 256-264.