## **Chronic Cough**

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Since we only have six minutes to survive without oxygen, the lungs are high priority for defense. A **cough** is a reflex, a hard-wired response to an irritating stimulus that is in the lower throat or lungs. This is distinct from a **wheeze**, a sound made when the tubes

within the lungs (bronchi) narrow in response to a stimulus. While cough and wheeze often go together acutely, they usually do not chronically.

A cough is an explosive reversal of normal air flow. Usually we actively inhale and passively exhale. With a cough, we actively push air through the lungs to expel or dislodge an irritant. The irritant can be large, like a marble or piece of corn, small, like particles of sand, or even smaller or invisible, like dust, mist, toxic gases and viruses. Sneezing is similar to cough, but involves the upper respiratory tract.

#### **Features of Chronic Cough**

Everyone coughs at times. The productive, green cough of a cold is

well known and responds to time and/or antibiotics. However, when a cough persists for months, and does not respond to standard treatments, a remedy is often sought. See the box for other features.

#### **Standard Evaluation and Treatment**

Conventional tests for lung structure and function are usually non-yielding. These include x-ray, blood tests, allergy testing, and mucus sampling.

The usual next step is empirical trials of various medications, including asthma, GERD, allergy and antibiotics. Responses to medications of certain types do suggest a cause, but often do not result in a long-term solution. Remedies such as cough suppressants, honey, mucus thinners and certain herbals can help with sleep or other functions, but only "manage" the symptom without providing a solution.

#### **Holistic Evaluation and Treatment**

The holistic evaluation begins with the premise that the body is unsuccessfully trying to clear some

irritant, even if obscure. Cough must involve the inflammatory/immune and nervous systems, so these are the first place to look. The allergy system is complex and testing is limited. Often the best way to test for allergy is to remove the allergen for a period of time ("elimination phase") and then follow that by giving large amounts ("challenge phase"). Changes in symptoms with environment during vacation or

workday may be a clue. Eliminating one or several suspicious food groups, such as grain, dairy, peanut, and alcohol may not reveal a hidden allergy until the food is re-introduced with a challenge. Sometimes there are multiple sensitivities, including to chemicals.

Special tests for toxins such as mercury, lead, fluoride, plastics and pesticides may reveal agents that alter nerve function and sensitivity. Sometimes cough is related to a tic or anxiety, which are related forms of irritability.

The "biome", the totality of organisms that live in and on us, number in the trillions and represent bacteria, fungi, viruses, parasites, and other critters that defy categorization. Stool and upper gut testing can sometimes reveal an imbalance in the ecology or function of the gut, which programs the immune/allergy system.

The paradigm-shifting discovery of **biofims** found that these critters create a structure and live as a community, sharing and competing

for resources and defenses. Biofilms can be hard, such as plaque on teeth, or soft, as in the gut, sinuses, lungs, implants, and other places. Biofilms can enable these "infections" to go "stealth", becoming up to 1000

times more resistant to the immune system and antibiotics. Using herbals and other "biofilm busters", immune-supporting strategies (sleep, nutrition, detox) as well as energy techniques such as acupuncture, yoga, Chinese medicine and ayurveda can provide substantial improvements at the root-cause level.

# Chronic Cough: Features

Lasts more than three months

Diagnostic tests negative

Minimal response to medications for asthma, allegy, GERD or infection

Cough can be wet or dry; if wet the mucus is clear or light colored

Can interfere with sleep and quiet social functions

Can be positional--i.e. when lying down or changing position

## Chronic Cough: Factors

Allergy to food and/or environment

Anxiety / Tic

**Asthma** 

Energy Imbalance (chi, prana)

GERD

(Gastro-Esophageal Reflux Disease)

Infection (Stealth)

Post-Nasal Drip

## \*IMPORTANT NOTES:

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- 3. Dr. Cheikin's website has related articles such as "Infectious Parties", "Stealth Infections", "Irritability" and others.

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