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Review Article

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Interstitial Fluid Lung Disease (IFLD) of the Interstitium Organ the Cause and Self-Care to a Self-Cure for Lung Disease

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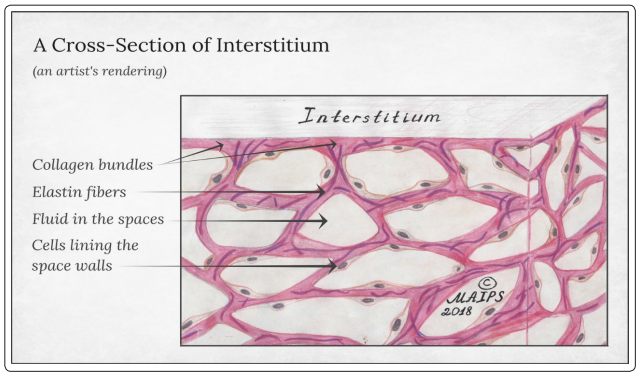
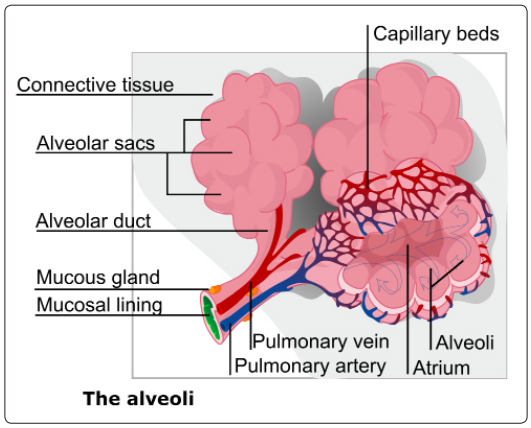
Abstract

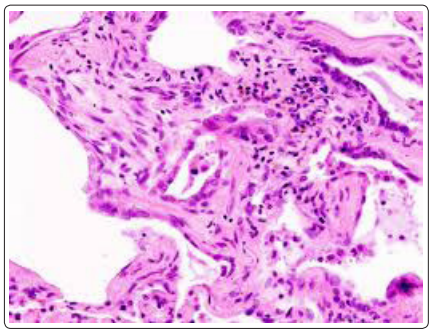
Interstitial lung disease (IFLD), or diffuse parenchymal lung disease (DPLD), is a group of lung diseases affecting the Interstitium (the interstitial fluids or space around the alveoli (air sacs of the lungs) [1,2].



It concerns alveolar epithelium, pulmonary capillary endothelium, basement membrane, and perivascular and perilymphatic tissues. It occurs when metabolic, dietary, respiratory and environmental acids injure the lung tissues that triggers an abnormal healing response. Ordinarily, the body generates just the right amount of tissue to repair acid damage, but in interstitial lung disease, the repair process goes awry because of the acidic pH (ideal healing takes place at a pH of 7.365) of the interstitial fluids that effects the normal healing of the tissue around the air sacs (alveoli) and therefore becomes scarred and thickened [3].



The alveoli



Micrograph of usual interstitial pneumonia (UIP). UIP is the most common pattern of interstitial pneumonia (a type of interstitial lung disease) and usually represents pulmonary fibrosis caused by decompensated acidosis of the interstitial fluids of the largest organ of the human body - the Interstitium. H&E stain. Autopsy specimen.

This makes it more difficult for oxygen to pass into the bloodstream. The term ILD is used to distinguish these diseases from obstructive airways diseases but the cause of all lung disease is due to decompensated acidosis of the interstitial fluids (pH is below 7.2) that is systemic although affecting the weakest area of the lungs. These weaknesses can be attributed to lifestyle and dietary choices.

There are specific types of interstitial lung disease in children. The acronym child is used for this group of diseases and is derived from the English name, Children's Interstitial Lung Diseases – child [4].

Prolonged interstitial lung disease may result in pulmonary fibrosis, but this is not always the case. Pulmonary fibrosis is specifically caused by the increase of acids in the interstitial fluids of the lung due to an inverted way of living, eating, drinking, breathing, thinking, feeling and believing. Interstitial lung disease of the Interstitium is associated with typical findings both radiographic (basal and pleural-based fibrosis with honeycombing) and pathologic (Temporally and spatially heterogeneous fibrosis, histopathologic honeycombing,

and fibroblastic foci).

Introduction

In 2015, interstitial lung disease, together with pulmonary sarcoidosis, affected 1.9 million people [5]. They resulted in 122,000 deaths and can be reversed with a specific alkaline lifestyle, including a specific alkaline diet, alkalizing exercise, alkalizing rectal infusion, alkalizing nebulization with specific water based anti-oxidants, breathing techniques, transcendental meditation, specific alkalizing support with alkaline water, vitamins, minerals, herbal and the 12 tissue salt supplements and other techniques discovered by Robert O. Young and Galina Migalko [6,7].

The following are the names or specific symptoms given to Interstitial Lung Disease. The cause of ALL of these symptoms are the result of an acidic lifestyle, as listed below [7].

The Symptoms of Interstitial Fluid Lung Disease (IFLD) of the Interstitium

The alveoli

Micrograph of usual interstitial pneumonia (UIP). UIP is the most common pattern of interstitial pneumonia (a type of interstitial lung disease) and usually represents pulmonary fibrosis. H&E stain. Autopsy specimen. ILD may be classified according to the symptoms of decompensated acidosis of the interstitial fluids of the lung [8].

The Methodology of Classification by IFLD Symptoms is as follows:

Inhaled substances Inorganic:

Silicosis
Asbestosis
Berylliosis
Industrial printing chemicals (eg. carbon black, ink mist)

Inhaled substances Organic:

Hypersensitivity pneumonitis

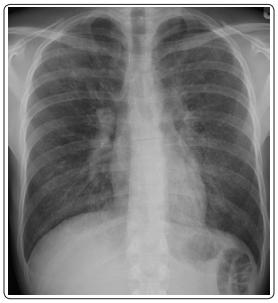
Drug-induced

Antibiotics Chemotherapeutic drugs
Antiarrhythmic agents

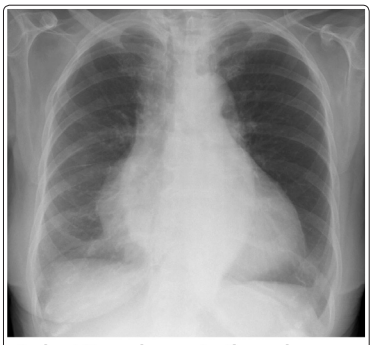
Connective tissue and Autoimmune diseases

Rheumatoid arthritis
Systemic lupus erythematosus
Systemic sclerosis
Polymyositis
Dermatomyositis Infection
Outfection A
Typical pneumonia

Pneumocystis pneumonia (PCP)



Tuberculosis Chlamydia trachomatis Respiratory Syncytial Virus Sarcoidosis Pulmonary fibrosis



A chest X ray demonstrating pulmonary fibrosis due to amiodarone

Malignancy

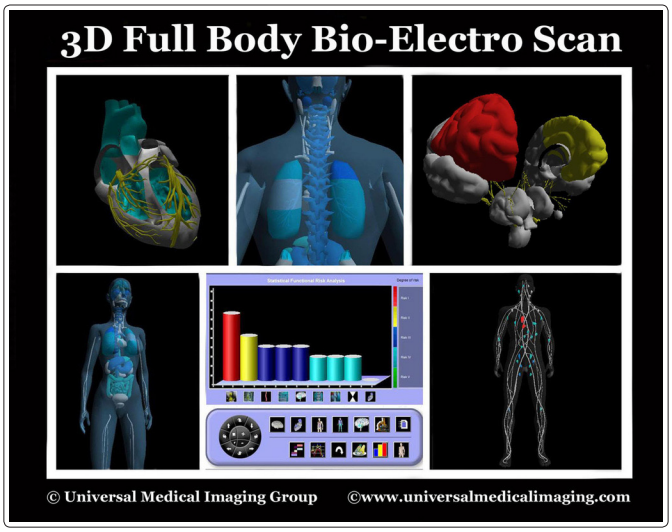
Lymphangitic carcinomatosis
Inflammatory Ductal Cell Cardinoma

Predominately in children

Diffuse developmental disorders
Growth abnormalities deficient
Alveolarization
Infant conditions of undefined cause
ILD related to alveolar surfactant region

Methodology for the Diagnosis of Interstitial Lung Disease and All Other Associated Conditions

Investigation is tailored towards the symptoms and signs. A proper and detailed history looking for the occupational exposures, and for signs of conditions listed above is the first important part of the workup in patients with Interstitial Lung Disease. Pulmonary function tests usually show a restrictive defect with decreased diffusion capacity (DLCO) [9].



Testing the urine pH, saliva pH, stomach pH, blood pH, and interstitial fluids pH with a complete chemistry are all non-invasive medical tests unique to our 75 years of combined research to discover the cause of ALL sickness and disease, including ones which are idiopathic. The non-invasive, non-radioactive medical diagnostic testing for IFLD and DPLD is called the Living Interstitial Fluid Environmental testing or (LIFE)[10].

New Methods for Whole Body Non- Invasive Diagnostic Testing of the Blood, Interstitial Fluids and Intracellular Fluids

Using Living Interstitial Fluid Environmental testing (LIFE), Full Body Thermography (FBT), Full Body Ultrasound (FBU), Live Blood Analysis (LBA) and Dried Blood Analysis (DBA) to Determine the Best Possible Strategy for Preventing and/or Reversing Any Sickness or Disease Condition and to Monitor Effective Treatment Progress [10].

In modern day conventional medicine, surgeons biopsy the lymph nodes and lung tissue to determine how lung disease, including malignancy is spreading to provide staging [11]. Lymphocytes, a type of white blood cell that is found in these lymph nodes which are catch-basins for acidic waste and malignant cells are responsible for breaking-down and removing cellular acidic waste and genetically mutated cells. Impaired lymphocytes and lymph nodes are at least one major factor in the many areas we test for (as described below) physiologically using functionality testing (LIFE) (as described below). The lymphatic system, the lymph nodes and the lymphocytes themselves must be functional in order to prevent and reverse any disease condition, including Interstitial Lung Disease (ILD).

Using electrodes attached to the head, hands, and feet, the functionality of the lymphatic system, circulatory system, muscular system, skeletal system, endocrine system, neurological system, reproductive system, vascular system, digestive system, and respiratory system can be non-invasively analyzed.

Interstitial chemistry, interstitial pH to determine decompensated acidosis, and the electro-conductivity of the cells to determine the state of health of all organs, glands, and tissues in the prevention and reversal of any disease condition, including ILD.

This LIFE testing also accounts for nutritional deficiencies and metabolic alkalosis or acidosis by measuring the interstitial chemistry, interstitial fluid pH, and the electro-conductivity of the cells of the body. Measuring the pH of the interstitial fluids is more revealing as it pertains to the pH and chemistry than measuring the blood fluids for ILD condition since the blood is always trying to maintain its delicate alkaline pH of 7.365 and will not very much. Based upon our research we have determined that ILD and all of its many symptoms are expressed as a compromised acidic environment of the interstitial fluids which may negatively affect the state of health of all body cells which make up the organs, glands and tissues, including the lung cells [12].

It is significantly more important to measure interstitial and intracellular fluids than blood fluids in order to obtain a correct chemistry and pH when making nutritional recommendations in the prevention and treatment of ILD and any malignancy [13].

The following are quantitative measurements in healthy patients, without ILD or malignancy of the lung, comparing blood fluids with intracellular and interstitial fluids of the body compartments as a benchmark to determine deficiencies in alkalizing minerals, protein, and whether or not the patient is in decompensated acidosis of the interstitial fluids, a pre-malignancy, or malignant condition (Note: all ILD and cancer patients are in decompensated interstitial acidosis, low in interstitial sodium and high in interstitial calcium and potassium): [13].

1) **Sodium: Na+ mEq/l** Venous blood: 130, Arterial blood: 137, Capillary blood: 135, Intracellular fluid: 10 and Interstitial fluid: 135
2) **Potassium: K+ mEq/l** Venous blood: 3.2, Arterial blood: 3.5, Capillary blood: 4, Intracellular fluid: 140 and Interstitial fluid: 3.17
3) **Calcium: Ca++ mEq/l** Venous blood: 2.5, Arterial blood: 2.2, Capillary blood: 2.3, Intracellular fluid: 0.0001 and Interstitial fluid: 1.55
4) **Magnesium: Mg mEq/l** Venous blood: 0.64, Arterial blood: 0.62, Capillary blood: 0.60, Intracellular fluid: 58 and Interstitial fluid: 0.50
5) **Chloride: Cl- mEq/l** Venous blood: 104, Arterial blood: 101, Capillary blood: 103, Intracellular fluid: 4 and Interstitial fluid: 106
6) **Bicarbonate: HCO_3 mEq/l** Venous blood: 22, Arterial blood: 24, Capillary blood: 23, Intracellular fluid: 10 and Interstitial fluid: 24
7) **Phosphorus: P mE/l** Venous blood: 2.5, Arterial blood: 2.3, Capillary blood: 2, Intracellular fluid: 75 and Interstitial fluid: 0.70
8) **Sulfate: SO_4 mEq/l** Venous blood: 0.8, Arterial blood: 0.6, Capillary blood: 0.5, Intracellular fluid: 2 and Interstitial fluid: 0
9) **Glycemia mg/dl** Venous blood: 1, Arterial blood: 1, Capillary blood: 1.01, Intracellular fluid: 0.20 and Interstitial fluid: 0.90
10) **Cholesterol mg/dl** Venous blood: 0.66, Arterial blood: 0.630, Capillary blood: 0.676, Intracellular fluid: 0.2 and Interstitial fluid: 0.188
11) **Partial Pressure of Oxygen or PO_2 mmHg** Venous blood: 80, Arterial blood: 90, Capillary blood: 89, Intracellular fluid: 20 and Interstitial fluid: 87.2
12) **Carbon Dioxide or PCO_2** Venous blood: 46, Arterial blood: 40, Capillary blood: 42, Intracellular fluid: 50 and Interstitial fluid: 46
13) **pH or potential of hydrogen** Venous blood: 7.36, Arterial blood: 7.4, Capillary blood: 7.38, Intracellular fluid: 7.2 and Interstitial fluid: 7.36
14) **Protein g/dl** Venous blood: 72, Arterial blood: 74, Capillary blood: 73.7, Intracellular fluid: 68 and interstitial fluid: 20.6

Results

Using non-invasive LIFE testing for determining the chemistry of the interstitial fluids of the whole body, including the lungs is notonly a test for determining decompensated acidosis or compensated alkalosis (a pre-condition of IFLD) of the ALL interstitial fluids of the body, including the lungs, but is an effective way to determine efficacy of any medical or natural alkalizing therapy in preventionand treatment of ANY sickness or disease. The results of the using LIFE testing combined with conventional medical blood tests and/or the Non-Invasive Blood Tests [NIBT] covering over 170 parameters of the blood, including blood counts, chemistry, pH of the blood, stomach and most important quantifying acid loads, such as lactic acid with a 98 percent accuracy for determining pre-interstitial fluid lung disease and IFLD and its many symptomologies as listed above.

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