ACTA SCIENTIFIC CANCER BIOLOGY

Volume 3 Issue 2 February 2019

Review Article

Cystic Fibrosis and Pulmonary Adenocarcinoma Lung Cancer both Metabolic and Dietary Acidic Conditions

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Received: October 26, 2018: **Published:** January 09, 2019

Abstract

Cystic fibrosis (CF) [1,2] and Pulmonary Adenocarcinoma (PAC) [3] have similar symptomologies and are chronic, progressive, and frequently fatal acidic conditions of the respiratory system (lungs), lymphatic system (lymph nodes), intestines, pancreas, urinary tract system, reproductive organs and the skin as the alkaloid glands (the salivary glands, stomach, and small and large intestines) produce and secrete alkaline compounds, such as sodium bicarbonate to buffer and preserve the alkaline design of the body and the specific organs and glands affected. These metabolic and dietary acidic conditions resulting in the build-up of mucous [3] can affect any organ or organ system but primarily affects the respiratory, lymphatic system, digestive, and reproductive tracts in children and young adults with CF and the lungs and surrounding lymph nodes in PAC. I have suggested from my own clinical research that both of these conditions are the result of latent tissue acidosis (LTA) in the interstitial fluids of the Interstitium or the fluids that surround every cell, created from metabolism, diet, thoughts and environment and may be successfully treated and reversed with an alkaline lifestyle and diet (ALD) [4].

Keywords: Cancer; Terminal Cancer; Lung Cancer; Cystic Fibrosis; Pulmonary Adenocarcinoma; Bronchitis; Asthma; Shortness of Breath; Thick Mucus; Wheezing; Chronic Sinusitis; Nasal Polyps; Weight Loss; Water Retention; Abdominal Pain; Excessive Sweating; Cirrhosis of the Liver; Inflammation of the Pancreas; Pancreas; Liver; Liver Disease; Latent Tissue Acidosis; Interstitial fluids; Interstitium: Fatigue; Smoking; Tobacco; Air-Pollution; Chemical Poisoning; Alkaline Lifestyle and Diet; Alkalizing; Nutritional IV's; Massage; Infrared Sauna; Colon Hydrotherapy; Nebulizing; Alkaline Nebulizing; L-Arginine; Glutathione; N-Acetyl-Cysteine; Detoxification; Live and Dried Blood Tests; 3D Bio-electro Scans, pH Testing, Interstitial Fluid Testing, Acupuncture

Introduction and Historical Perspective

According to the Cystic Fibrosis Foundation, about 30,000 Americans have CF. This condition occurs mostly in whites whose ancestors came from northern Europe, although it cuts across all races and ethnic groups. About 3,500 babies are born with this acidic condition each year in the United States. Moreover, about one in every 30 Americans suffer from CF [1,3].

Nearly 40% of lung cancers in the US are adenocarcinoma, which usually originates in peripheral lung tissue [5]. Most cases of adenocarcinoma are associated with smoking; however, among people who have smoked fewer than 100 cigarettes in their lifetimes ("never-smokers") [6], adenocarcinoma is the most common form of lung cancer [7]. Its incidence has been increasing in many developed Western nations in the past few decades, where it has become the most common major type of lung cancer in smokers (replacing squamous cell lung carcinoma) and in lifelong non-smokers [3]. According to the Nurses' Health Study, the risk of adenocarcinoma of the lung increases substantially after a long duration of previous tobacco smoking, with a previous smoking duration of 30 to 40 years giving a relative risk of approximately 2.4 compared to never-smokers, and a duration of more than 40 years giving a relative risk of approximately 5 [8].

Signs and Symptoms of CF and PAC

CF and PAC have similar symptomologies and are often accompanied by the following signs and symptoms:

- Thick, viscous mucus in the lungs caused by the glandular secretion of sodium bicarbonate in the chelation of excess dietary and/or metabolic acids [3,9,10].

- Changes in color and amount of sputum (material coughed up from the lungs) is in direct relationship to the build-up of acidic waste products that are not being properly eliminated through the four channels of elimination - the lungs, bowels, kidneys and skin [3,9,10].
- Chronic cough, possibly with blood streaking is a result of increased acidity in the interstitial fluids of the Interstium of the lung and other elimination organs ridding itself of excess dietary and/or metabolic acids via the four channels of elimination discussed below [3,9,10].
- Wheezing is caused by an increase in sticky acidic mucous [3,9,10]. Bronchitis is stage four acidosis [3,9,10].
- Chronic sinusitis is an acidic condition or stage two acidosis which is experienced by congestion and irritation [3,9,10].
- Asthma is a higher valance of congestive acidosis leading to congestive acidic mucous [3,9,10].
- Nasal polyps (fleshy growths inside the nose) are groups of cells bound together with dietary and/or metabolic acids [3,9,10].
- Weight loss, failure to thrive in infants, abdominal swelling all caused by the retention of acids. Weight loss due to dietary acids destroying the delicate villi in the small intestines [3,9,10].
- Excessive salt in sweat, dehydration due to the build-up of acids that are not being properly eliminated through the four channels of elimination - lungs, bowels, kidneys and/or skin [3,9,10].
- Failure of newborn in CF to pass stool is the result of ingesting acidic foods and/or drinks [9,10].
- Abdominal pain, flatulence is both caused by trapped acids that have not been properly eliminated through the bowels or urinary tract system [3,9,10].
- Fatigue is the first sign of congestion of the elimination organs as dietary and/or metabolic acids are building up [3,9,10].
- Other acidic conditions that are caused by an acidic lifestyle and diet such as late onset of puberty, intestinal obstruction, inflammation of the pancreas, cirrhosis (a liver condition), and infertility may also be signs of CF [3,9,10].

What causes cystic fibrosis according to conventional medicine?

CF is caused by a mutation in the gene cystic fibrosis transmembrane conductance regulator (CFTR). The most common mutation, AF508, is a deletion (A signifying deletion) of three nucleotides [11] that results in a loss of the amino acid phenylalanine (F) at the 508th position on the protein. This mutation accounts for two-thirds (66 - 70% [12]) of CF cases worldwide and 90% of cases in the United States; however, there are over 1500 other mutations that can produce CF [13]. Although most people have two working copies (alleles) of the CFTR gene, only one is needed to prevent cystic fibrosis. CF develops when neither allele can produce a functional CFTR protein. Thus, CF is considered an autosomal recessive disease.

What causes pulmonary adenocarcinoma lung cancer according to conventional medicine?

Pulmonary Adenocarcinoma cancer is usually seen peripherally in the lungs, as opposed to small cell lung cancer and squamous cell lung cancer, which both tend to be more centrally located [3,10], although it may also occur as a central lesion [10]. For unknown reasons according to current medical science, it often arises in relation to peripheral lung scars. The current theory is that the scar probably occurred secondary to the tumor, rather than causing the tumor [10]. The adenocarcinoma has an increased incidence in smokers and is the most common type of lung cancer seen in non-smokers and women [10]. The peripheral location of adenocarcinoma in the lungs is due to the use of filters in cigarettes which prevent the larger particles from entering the lung [14,15]. Deeper inhalation of cigarette smoke results in peripheral lesions that are often the case in adenocarcinomas of the lung. Generally, adenocarcinomas grow more slowly and form smaller masses than the other subtypes [12]. However, they tend to form metastases widely at an early stage [12]. Adenocarcinoma is a non-small cell lung carcinoma, and as such, it is not as responsive to radiation therapy as is small cell lung carcinoma, but is rather treated surgically, for example by pneumonectomy or lobectomy [12].

What causes cystic fibrosis and pulmonary adenocarcinoma lung cancer according to the research of Dr. Robert O Young?

When I talk about disease or "dis-ease", such as CF or PAC, I am really focusing on the state of imbalance in the body fluids, especially the interstitial fluids of the Interstitium that surround all lung cells, that is brought on by an inverted way of living, eating and thinking [15,16]. I have suggested that all disease or dis-ease, including CF and PAC are caused by individual lifestyle and dietary choice, or for children, how parents are feeding and caring for their children.

I have also suggested that you do not get sick you have to do sick by making personal acidic lifestyle and dietary choices. In other words, disease is a personal choice just like health and fitness are personal choices.

When one chooses, or parents choose for their children to eat acidic foods or drinks, such as animal flesh, eggs, dairy products, like cheese, yogurt and ice cream, soda pop, sport drinks, coffee or tea you set yourself up for excess latent tissue acidosis (LTA) in the interstitial fluids of the Interstitium.. This is when a serious health challenge can begin to develop, such as cystic fibrosis of the lungs for a child or young adult or pulmonary adenocarcinoma lung cancer for people that smoke, breast cancer in women, prostate cancer for men [15,16].

Over 30 years ago I postulated a theory that ALL sickness and disease is the result of an inverted way of living, eating, breathing and thinking. And, that genetic defects were caused by acidic dietary and lifestyle choices that caused the genetics to express themselves in abnormal ways. In the case of CF and PAC, the alkaliphile glands (salivary glands, stomach, pancreas, gallbladder, Lieberkuhn glands in the intestines) are secreting sodium bicarbonate into the acidic interstitial fluids that surround the tissues or organs, such as the lungs to maintain the alkaline design of the interstitial body fluids and protect the lung cells and tissues from abnormal genetic expression, mutations and cellular break down. The result is when sodium bicarbonate binds to dietary and/or metabolic acid it creates mucous. The mucous secretion is the effect of the body protecting itself from excess dietary, environmental and/or metabolic acid [15,16].

The intelligence of the cell or its genetics is only as healthy as the interstitial fluids of the Insterstitium environment that surrounds every cell in the body. I like to compare the intelligent expression of the cellular genetics to a dangerous game called Russian Roulette. To play the game you put one bullet in the chamber, spin the chamber and then put the gun up to your head and pull the trigger. The object of the game is to avoid blowing your head off. The bullet is a metaphor for the genetics and the trigger represents your daily personal lifestyle and dietary choices. The result in cellular genetics will always be, if you continue to pull the acidic lifestyle and dietary trigger, the genetic bullet will be fired and the symptom(s) will be expressed. The expression of cellular genetics in producing excess mucous in the condition of CF and PAC can be stopped when you stop pulling the acidic lifestyle and dietary trigger. The human cell is only as healthy as the interstitial fluids it is bathed in just as a fish is only as healthy as the water it swims in. Change the water and you will change the genetic expression [15,16].

This new science is called epigenetics and it is showing that the genetic expression of a cell can be turned on or turned off depending on changes in the interstitial fluids or cellular environment affected by lifestyle and dietary choice [17].

It is critical to understand this foundational principal in achieving and maintaining a healthy body and a healthy respiratory function. The foundational hypothesis of my research is the understanding that the human body is alkaline by design and acidic by function [16]. The mucous in the body is the evidence that the body is protecting itself from its acidic functions (breathing, thinking, moving, eating) when dietary and/or metabolic acids are not properly eliminated through the four channels of elimination [16].

When you understand that the body needs to be maintained in an alkaline state in order to have sustainable energy, health, fitness and vitality, then everything you drink, everything you eat, every activity you engage in, even your thoughts, produce acidic waste products that affect the health, fitness and vitality of the blood plasma, intercellular fluids of the Interstitium, and intracellular fluids of the tissues, organs and glands [16].

Your health, fitness, energy and vitality are an expression of what you are eating, what you are drinking and what you are thinking. If you are ingesting an abundance of acidic foods and liquids, or smoking cigarettes or exposed to environmental pollutants, that's creating an internal acid environment leading to a breakdown or fermentation of the lung cells, this will lead to a host of dis-ease conditions, including CF or PAC [16].

There are seven stages of ALL sickness and dis-ease or acidity even though there is only one sickness and one disease.

The one sickness and one disease or dis-ease theory is the over-acidification of the blood plasma, then the interstitial fluids of the Interstitium and finally the intracellular fluids that make up our organs, glands and tissues due to an inverted way of living, eating and thinking. This one sickness and one disease or dis-ease theory has seven stages or seven expressions, which have been categorized by medical science as separate or different types of disease without any association or connection. But there is NOT many diseases only one disease and one health! [18]. For example, cancer is part of that one acidic disease. Lung cancer is an acidic condition of the interstitial fluids of the Interstitium that spoils healthy cells making them cancerous. Multiple sclerosis is part of that one disease as acid destroys the myelin sheath. Heart disease is the result of acid damage as is diabetes. Cystic fibrosis is also part of this one disease as healthy body cells are being protected from dietary and/or metabolic acids creating sticky mucous. Allergies, arthritis, osteopenia, osteoarthritis, osteoporosis, bowel restrictions and constipations, from diverticulitis to diverticulosis, IBS, ulcerated colitis, Crohn's, all of these so-called diseases are the result of a compromised alkaline environment from individual acidic lifestyle and dietary choice [18].

The seven stages of disease or dis-ease or excess acidity begins in the bowels, then in the blood plasma, pushed out into the interstitial fluids of the Interstiitum, and finally into the intracellular fluids of the tissues, organs and glands and expressed as follows:

1. The first stage of acidosis is enervation or the loss of energy. In this stage the body does not have the sufficient energy to completely remove dietary and/or metabolic acidic waste products which build up first in the blood plasma, then pushed out into the interstitial fluids of the Interstitium and then finally into the connective and fatty tissues.
2. The second stage of acidosis are sensitivities and irritation. An example of stage two acidosis are sensitivities to food and/or air-born allergies.
3. The third stage of acidosis is catarrh or mucous buildup. An example of stage three acidosis would be the acidic condition of the lungs called cystic fibrosis. It is important to understand that mucous is created when the glands of the body release the alkaline compound sodium bicarbonate for the purpose of binding up dietary and/or metabolic acidsdeposited from the blood plasma into the interstitial fluid compartments of the Interstitium. The combining of sodium bicarbonate to acid in the interstitial fluids creates a sticky mucous. Since dietary, environmental and metabolic acids can breakdown and destroy healthy tissues and organs the glands of the body, such as the salivary glands, the pylorus glands, the pancreas and even the stomach release the alkalizing compound, sodium bicarbonate to protect and preserve healthy body cells that make up our tissues and organs.
4. The fourth stage of acidosis is inflammation. There is only one cause of inflammation and that is acid. Acid equals pain and pain equals acid. There is no other cause. Any pain or inflammation in the body is the result of localized acid in the interstitial fluids compartments of the Interstitium that has not been properly removed by the lymphatic system. That is why exercise is so important because the lymphatic circulation is activated by the contraction of muscle and especially the calf muscles. Therefore, inflammation is always caused by dietary, environmental and/or metabolic acid that has not been properly removed from the interstitial fluids of the Interstitium.
5. The fifth stage of acidosis is induration or fibrotic tissue or the hardening of the tissues or organs. This is the classic symptomology of cystic fibrosis. The tissues and organs are turning into leather. Another classic symptomology of induration is atherosclerosis or the hardening of the vascular system.
6. The sixth stage of acidosis is the ulceration of tissues and/or organs such as in ulcerated colitis, or cirrhosis of the liver, or any lesion where ever it may appear.
7. And, the seventh and final stage of acidosis prior to death is the degeneration of tissues, organs and glands. All degenerative conditions are caused by dietary, environmental and/or metabolic acids, such as in the symptomologies of osteoporosis, multiple sclerosis, ALL cancerous conditions, heart disease and all respiratory dis-eases, including cystic fibrosis are all caused by decompensated acidosis of the interstitial fluids of the Interstitium pouring over to the blood plasma and then into the intracellular fluids [18].

It is important to keep in mind that whatever the disease or dis-ease condition there is only one cause. And, that one cause is the retention of excess acids first in the blood plasma, pushed out into the interstitial fluids of the Interstitium and finally deposited into the intracellular fluids negatively effecting the tissues, organs and glands. This excess acid is not eliminated through the four channels of elimination they are then deposited into the connective and fatty tissues. This is why I call the connective tissues the "acid catchers" of the blood [16,18].

You do not need a doctor to tell you your stage of acid imbalance. You can know this based upon your the symptom(s) you are experiencing or feeling. If you are overweight this is an acidic condition and the body protecting the organs that sustain life from excess dietary, environmental and/or metabolic acids. In other words, obesity is NOT a fat problem any more then cystic fibrosis is a genetic problem. They are both an acid problem of the interstitial fluids of the Interstitium [19].

Cystic fibrosis (CF) or Pulmonary Adenocarcinoma (PAC) are both progressive latent tissue acidosis (LTA) conditions of the interstitial fluids of the Interstitium or dis-eases that begin with fatigue, then congestion, then retention, irritation, mucous build up, inflammation, induration, ulceration, degeneration and finally death [18].

The Self-Care to a Self-Cure for CF and PAC Can Be Simple

1. Open the channels of elimination.
2. Heal the root system or the intestinal villi of the small intestines.
3. Build healthy stem cells and red blood cells.
4. Hyper-perfuse the blood plasma, the interstitial fluids of the Interstitium, and finally the intracellular fluids of the organs, glands and tissues with alkalinity [18].

Who's most at risk?

CF and PAC are caused by the genetic expression of body cells to excess dietary, metabolic and environmental acidity [18]. To change the genetic expression of the body cells one must restore the alkaline design of the body fluids with an alkaline lifestyle and

diet (ALD) [18]. To have CF, a child must inherit the acidic lifestyle and diet of the parents that then causes two abnormal genes -- one from each parent. The new science of epigenetics suggests that genes can change their expression as a result of diet and lifestyle changes [17]. In other words, when a child with CF changes his/her diet from a standard acidic American diet to the AFD diet or one stops smoking the genes will change and begin slowing down and even stopping their secretion of acid-binding sodium bicarbonate. This in turn will reduce congestion from sticky mucous that can build up in the interstitial fluids of the lungs and other organs, glands and tissues [20].

What to expect at conventional medical doctor's office for diagnostic testing

A baby born with the CF gene usually has symptoms during its first year, although signs of the disease may not appear until adolescence or even later.

Your child's health care provider can help make a diagnosis and guide you in determining which treatment or combination of therapies will best alleviate symptoms of the disease. Your health care provider will perform a physical exam and run laboratory tests, including a sweat test, which checks for higher than normal amounts of sodium and chloride in the sweat. Other tests include a sputum test, genetic screening, and a stool analysis. Imaging techniques may help reveal lung conditions and abdominal obstruction [21,22].

Tests that examine the lungs are used to detect (find), diagnose, and stage CF and PAC.

Tests and procedures to detect, diagnose, and stage CF and PAC are often done at the same time. Some of the following tests and procedures may be used:

- **Physical exam and history:** An exam of the body to check general signs of health, including checking for signs of disease, such as lumps or anything else that seems unusual. A history of the patient's health habits, including smoking, and past jobs, illnesses, and treatments will also be taken.
- **Laboratory tests:** Medical procedures that test samples of tissue, blood, urine, or other substances in the body. These tests help to diagnose disease, plan and check treatment, or monitor the disease over time.
- **Chest x-ray:** An x-ray of the organs and bones inside the chest. An x-ray is a type of energy beam that can go through the body and onto film, taking a picture of areas inside the body.
- **CT scan (CAT scan):** A procedure that makes a series of detailed pictures of areas inside the body, such as the chest, taken from different angles. The pictures are made by a computer linked to an x-ray machine. A dye may be injected into a vein or swallowed to help the organs or tissues show up more clearly. This procedure is also called computed tomography, computerized tomography, or computerized axial tomography.
- **Sputum cytology:** A procedure in which a pathologist views a sample of sputum (mucus coughed up from the lungs) under a microscope, to check for cancer cells.
- **Fine-needle aspiration (FNA) biopsy of the lung:** The removal of tissue or fluid from the lung using a thin needle. A CT scan, ultrasound, or other imaging procedure is used to locate the abnormal tissue or fluid in the lung. A small incision may be made in the skin where the biopsy needle is inserted into the abnormal tissue or fluid. A sample is removed with the needle and sent to the laboratory. A pathologist then views the sample under a microscope to look for cancer cells. A chest x-ray is done after the procedure to make sure no air is leaking from the lung into the chest.
- **Bronchoscopy:** A procedure to look inside the trachea and large airways in the lung for abnormal areas. A bronchoscope is inserted through the nose or mouth into the trachea and lungs. A bronchoscope is a thin, tube-like instrument with a light and a lens for viewing. It may also have a tool to remove tissue samples, which are checked under a microscope for signs of cancer.
- **Thoracoscopy:** A surgical procedure to look at the organs inside the chest to check for abnormal areas. An incision (cut) is made between two ribs, and a thoracoscope is inserted into the chest. A thoracoscope is a thin, tube-like instrument with a light and a lens for viewing. It may also have a tool to remove tissue or lymph node samples, which are checked under a microscope for signs of cancer. In some cases, this procedure is used to remove part of the esophagus or lung. If certain tissues, organs, or lymph nodes can't be reached, a thoracotomy may be done. In this procedure, a larger incision is made between the ribs and the chest is opened.
- **Thoracentesis:** The removal of fluid from the space between the lining of the chest and the lung, using a needle. A pathologist views the fluid under a microscope to look for cancer cells.
- **Light and electron microscopy:** A laboratory test in which cells in a sample of tissue are viewed under regular and high-powered microscopes to look for certain changes in the cells.
- **Immunohistochemistry:** A test that uses antibodies to check for certain antigens in a sample of tissue. The antibody is usually linked to a radioactive substance or a dye that causes the tissue to light up under a microscope. This type of test may be used to tell the difference between different types of cancer [23].

Alkalizing Treatment Protocol for Cystic Fibrosis (CF) and Pulmonary Adenocarcinoma Lung Cancer (PAC).

Prevention and Alkalizing is the Self-Care to a Self-Cure for Cystic Fibrosis (CF) and Pulmonary Adenocarcinoma Lung Cancer (PAC).

The best self-care to a self-cure for Cystic Fibrosis (CF) and Pulmonary Adenocarcinoma Lung Cancer (PAC) will be found in its prevention NOT in its treatment. Preventing CF and PAC must begin with the parents switching to an alkaline lifestyle and diet before conception. At birth the parents can help avoid the symptoms of CF or any other dis-ease with the Alkalizing Lifestyle and Diet Protocol.

Natural Non-Invasive Treatment Plan for Cystic Fibrosis (CF) and Pulmonary Adenocarcinoma (PAC) Lung Cancer [15,16,18].

The hope for the future is that the Alkalizing Lifestyle and Diet (ALD) therapy can repair or replace the defective CF or PAC gene and cause the gene to express itself differently by changing the interstitial fluids environment of the Interstiium and restoring the alkaline design of the body fluids. This will cause the gene to express itself in an alkaline way rather than in a defensive way to protect itself from an acidic lifestyle and diet. This environmental approach for treating CV and PAC may prove to be the cure for this acidic lifestyle and dietary symptom.

CF and PAC patients suffer from frequent lung infections that may lead to obstructed breathing caused by an acidic lifestyle and diet. So, the mainstays of a treatment plan are:

1. Open up the channels of elimination of dietary and metabolic acids.
2. Hyper-perfuse the blood, interstitial fluids and the intracellular fluids with alkalinity to buffer the retained dietary and/or metabolic acids in the organs, glands and tissues.
3. Heal the root system or bowels of the body or the intestinal villi of the small intestines to improve the quality and quantity of stem cell and red blood cell production
4. Alkalizing physical therapy to remove acids out of the interstitial fluids and intracellular fluids of the tissues, especially the lungs.
5. Alkalizing exercise to remove dietary and/or metabolic acids in the blood plasma, interstitial compartments of the Interstitium, and finally the connective tissues out through the pores of the skin, and
6. Alkalizing natural organic and colloidal natural medications for reducing the acids that cause mucus that is congesting and blocking the lung's airways.

Natural Alkalizing Lifestyle and Dietary (ALD) Therapies [15,16,18].

Natural organic colloidal nutrients can bypass the alimentary canal and go directly into the blood plasma, interstitial fluids of the Interstitium and finally the intracellular fluids of the organs, glands and tissues through a process of nebulization or misted alkaline nutrients that are inhaled through the mouth and nose [16]. These include the following:

- Nebulizing 5ml of Glutathione and 5 ml of N-acetyl-cysteine to reduce acidic mucous in the sinuses and lungs 2 to 3 times a day.
- Nebulizing 10 ml of a mucolytic such as colloidal silver at 5 to 10 ppm once a day.
- Nebulizing 10 ml of colloidal silica which acts as a decongestant (which reduce swelling of the membranes of the breathing tubes).
- Antibiotics are highly acidic and should NEVER be used with CF or PAC. To reduce infection in the blood and tissues you reduce tissue acidity which is the cause of infections [18].
- The alimentary canal problems of congestion caused by an acidic diet leading to the symptoms of CF and PAC are managed with the following natural organic remedies.
- Whole leaf cold pressed aloe vera juice will reduce inflammation caused by increased amounts of hydrochloric acid when the stomach is producing sodium bicarbonate to buffer the retention of acids in the interstitial fluid compartments of the Interstitium and intracellular organ, gland and tissue acids [24].
- Alkalizing hydrocolon therapy or colonics and enemas with mucolytic agents such as magnesium oxide, magnesium chloride, sodium bicarbonate, potassium bicarbonate, calcium glutamate, chlorine dioxide (CLO2), pure chlorophyll, and Vitamin C to treat intestinal obstructions and to infuse alkalizing compounds into the blood stream, interstitial flu-

Food and Nutritional Supplements in the Prevention and Reversal of Cystic Fibrosis (CF) and Pulmonary Adenocarcinoma Lung Cancer (PAC)[26].

Natural organic colloidal nutrients can by-pass the alimentary canal and go directly into the blood plasma, interstitial fluids and intracellular fluids of the organs, glands and tissues through a process of nebulization or misted alkaline nutrients that are inhaled through the mouth and nose. These include the following: Following these dietary nutritional tips will help reduce ALL acidic symptomologies associated with CF and PAC [15,16,18]:

1. Eliminate all inflammatory acidic liquids and foods that increase sodium bicarbonate and the formation of mucous, including dairy products (milk, cheese, sour cream, and ice cream), wheat (gluten), processed soy except for non-GMO organically sprouted soy, corn, potatoes, all high-sugar fruit including bananas, oranges, pineapple, berries, apples, all forms of sugar including honey, maple syrup, fructose, maltose, dextrose, glucose, preservatives, food additives and excessive salt and all animal meats including fish, poultry, beef and pork [15,16,18].
2. Eat more foods that decrease acids and the formation of mucous, including garlic, onions, watercress, horseradish, mustard, parsley, celery, cucumber, broccoli, spinach, rose hips tea, lemon, lime, tomato, avocado and anti-inflammatory/anti-acid oils from nuts and seeds [15,16,18].
3. Eat more foods that are high in potassium, such as avocado

sprouts and kale [15,16,18].

4. Avoid all processed and refined foods, such as white breads, pastas, and sugar [15,16,18].
5. Eliminate all red meats and lean meats, pork, poultry, fish, processed soy and all legumes. Increase plant based proteins from avocado, hemp and sprouted organic soy [15,16,18].
6. Use healthy oils in foods, such as cold pressed olive oil and avocado oil [15,16,18].
7. Eliminate trans fatty acids, found in commercially baked goods such as cookies, crackers, cakes, French fries, onion rings, donuts, processed foods, and margarine [15,16,18].
8. Eliminate all grains from the diet [15,16,18].
9. Eliminate all corn products [15,16,18].
10. Eliminate peanuts [15,16,18].
11. Eliminate all forms of vinegar [15,16,18].
12. Eliminate all forms of mushrooms [15,16,18].
13. Eliminate coffee, black teas and other stimulants, alcohol, and tobacco [15,16,18].
14. Eliminate sport drinks, energy drinks and soft drinks [15,16,18].
15. Drink 4 to 6 liters of 9.5 alkaline water daily based upon 1 liter per 30 kg of weight. Add 10 grams of pH Miracle green powder with 5 drops of pH Miracle puriphy and 1 scoop of iJuice Super Chlorophyll in each liter of purified alkaline water. This will help build healthy stem cells and blood in the crypts of the small intestines and reduce latent tissue acidosis in the interstitial fluids of the Interstitium which I have suggested is the cause of CF and PAC [15,16,18].
16. Alkalizing exercise moderately, for 60 minutes daily, 6 days a week. Choose from walking, jogging, elliptical machines, rebounding, swimming, biking, Younga Yoga, isotonic weight lifting, just to name a few [15,16,18].

Address nutritional deficiencies and excess latent tissue acidosis (LTA) in the interstitial fluids of the Interstitium with the following supplementation to the daily diet [15,16,18,36]:

1. Omega-3 fatty acids, such as Hemp, Flax and Borage oils, 4 - 6 capsules or 1 tablespoonful of a 2 to 1 to 1 (Omega 3 to 6 to 9) combination of these three oils at least three to four daily, to help decrease inflammation caused by dietary and/or metabolic acids and improve the health and strength of the lipid membranes of stem, blood and body cells [15,16,18,27-29,31,34].
2. A multivitamin daily, containing the acid chelating antioxidant vitamins A, D, E, K, the B-vitamins and trace minerals, such as sodium, magnesium, potassium, calcium, zinc, and selenium [15,16,18,31].
3. Digestive acid buffers of sodium bicarbonate, potassium bicarbonate, magnesium chloride and calcium carbonate to reduce hydrochloric acid in the stomach, bowels, blood plasma, interstitial fluids of the Interstitium and intracellular fluids in the organs, glands and tissues, 1 - 2 capsules 4 times daily with 9.5 pH alkaline water [15,16,18,31].
4. Magnesium oxide with Vitamin C to breakdown undigested acid foods of animal protein, dairy products and mucous in the 9 yards of the small intestines [15,16,18,31].
5. Coenzyme Q10, 100-200 mg at bedtime, for antioxidant and supporting the white blood cells in removing bacteria, yeast and solidified acids from the blood plasma, the interstitial fluid compartments of the Interstitium and the intracellular fluids of the organs, glands and tissues [15,16,18,31].
6. N-acetyl-cysteine (NAC), 2000 mg daily 3 times a day, for antioxidant effects for buffering metabolic acids of acetylaldehyde and ethanol alcohol that effect the respiratory and neurological systems. NAC can also be given by IV at 5ml where each ml equals 200mgs [15,16,18,31].
7. Grapefruit seed extract (Citrus paradisi), 100 mg capsule or 5 - 10 drops (in alkaline water) 3 times daily, for buffering the acids of diet, metabolism, bacteria and yeast for increasing the alkaline pH of the gastrointestinal system to 8.4 [15,16,18,31-34].
8. Methylsulfonylmethane (MSM), 3,000 mg twice a day, to help decrease the acids that cause inflammation [15,16,18,31].
9. Organic hemp protein, 10 - 20 grams daily mixed in fresh organic hazel or almond milk, for supporting the white blood cells and blood building [15,16,18,31].
10. L-Arginine, 10 grams 3 times a day to break up solidified acid crystals causing circulation problems of the vascular and lymphatic system [15,16,18].
11. Magnesium chloride, 2 grams 3 times a day to oxidize dietary and metabolic acids [15,16,18].
12. Pure organic chlorophyll from organic spinach or moringa, 1 gram scoop of chlorophyll powder at a 100 to 1 concentration in 4 ounces of 9.5 pH alkaline water 3 times a day. This mixture at 10ml can also be put into a nebulizer to reduce acid congestion in the sinuses and lungs [15,16,18].
13. Glutathione, 2000 mg 3 to 4 times daily, neutralizes harmful acids or oxidants introduced into the lungs from the air or blood or those released by cells. Exotoxins from bacteria can overload the endobronchial terrain and feed the fires of acidic inflammation. This staggering burden increases the oxidative sensitivity of the CF lung, resulting in further injury of lung parenchyma. Data supports evidence of a decrease in the antioxidant tri-peptide glutathione [15,16,18].

Glutathione is always in great demand and is rapidly consumed when we experience any sort of emotional or physical stress, fatigue and even moderate exercise. Some well-known causes of glutathione depletion are as follows [15,16,18,30]:

1. Acidic lifestyle and diet
2. Air and Water pollution
3. Prescription and recreational drugs
4. Ultraviolet and Radiation from cells phones, computers, electrical cars, power lines, hair dryers, etc.
5. Emotional and physical stress
6. Injury, trauma or burning
7. Heavy metals
8. Cigarette smoke
9. Household chemicals
10. Acetaminophen poisoning
11. Exhaust from motor vehicles
12. Septic shock caused by the retention of metabolic and/or dietary acid.

All of these above factors lead to a build up of acidic toxins that cause the loss of glutathione as a non-nutritive buffer leading to cellular aging, dis-ease and finally death [30].

Alkalizing Medicinal Herbs and Organically Sprouted Grasses

1. Medicinal herbs, grasses, fruit and vegetables is a safe way to strengthen and tone the body's alkalizing buffering system, detox the alimentary canal and build blood in the crypts of the small intestines. You should use the whole unprocessed or non-fermented herbs, grasses, fruit and vegetables titrated to a fine powder so they that can be mixed in 9.5 pH alkaline water or put into veggie caps to be taken orally [15,16,18,31,34].
2. Ginkgo (Ginkgo biloba), 40 - 80 mg 3 times daily, for inflammation and as an antioxidant to buffer acids in the blood plasma, interstitial fluids, and the intracellular fluids of the organs, glands and, tissues [15,16,18,31,34].
3. Wheat, Barley and Kamut organically sprouted grasses, 250 - 500 mg daily, for building blood, detoxing the alimentary canal, buffering dietary and metabolic acids and supporting the white blood cells in the removal of solidified acids. You may also prepare teas from these grasses [15,16,18,31,34].
4. Cat's claw (Uncaria tomentosa), 20 mg 3 times a day, for inflammation caused by dietary and/or metabolic acids, supporting the white blood cells and reducing acids from bacteria, yeast and mold in the blood plasma, interstitial fluids, and the intracellular fluids of the organs, glands and tissues [15,16,18,31,34].
5. Milk thistle (Silybum marianum), 80 - 160 mg 2 - 3 times daily, for detoxification of acids in the blood, liver and kidneys [15,16,18,31,34].
6. Bromelain (Ananus comosus), 40 mg 3 times daily, for pain and inflammation caused by dietary acids [15,16,18,31,34].
7. Ground Ivy (Hedera helix), 50 mg 3 times daily, to decrease acids and the build-up of mucous and to loosen phlegm [15,16,18,31,34].

Intravenous (IV) Alkalizing Therapy

The main purpose of IV therapy is to hyper-perfuse the interstitial fluids of the Interstitium and the intracellular fluids of the organs, glands and tissues with alkaline compounds of sodium bicarbonate, magnesium chloride, potassium bicarbonate and calcium glutamate and thus buffer the retention of excess dietary and/or metabolic acids in the body tissues, especially the lungs reducing inflammation, mucous, solidfication of tissues, and cysts.

Acupuncture

Acupuncture may alleviate symptoms of cystic fibrosis. Acupuncture may help enhance blood and lymph circulation to the lungs which in turn will help the immune function to remove cellular debris and acid crystals. Because acupuncture improves circulation it also helps remove acids throughout the alimentary canal and strengthen.

Massage

Therapeutic lymphatic massage can help drain acidic mucus from the lungs and remove latent tissue acidosis of the interstitial fluids of the Interstitium.

Infrared Sauna

Therapeutic infrared sauna can help increase blood and lymphatic circulation and open up the pores of the skin to eliminate excess dietary, environmental and metabolic acids from the interstitial fluid compartments of the Interstitium and the intracellular fluids of the organs, glands and tissues. This passive form of exercise will cause you to sweat at every pore removing latent tissue acids. I recommend at least 30 minutes a day or until you start sweating. Once you start sweating remain in the sauna for at least 15 minutes. Make sure you are adequately hydrated with alkaline mineral rich water at a pH of 9.5. To adequately hydrate drink at least 1 liter of akaline fluids for every 30 kg of weight. You can also drink before, during and after your infared sauna. Prognosis/Possible Complications Respiratory problems due to acid build-up and the solidification of dietary, environmental and/or metabolic acids forming acid crystals and cysts in the lungs are the most common complication from CF and PAC.

Following Up

CF and PAC patients receive pulmonary function tests every 3 - 6 months. They also receive chest x-rays every 2 - 4 years, or more often if needed.

Case Study of the Alkalizing Lifestyle and Diet (ALD) for Terminal Metastatic Pulmonary Adenocarcinoma Lung Cancer.

A 58 year old Danish woman was diagnosed by X-ray, Cat Scan and biopsy of the lung with Pulmonary Adenocarcinoma Lung Cancer with metastasis to the axillary lymph nodes at the Roskilde Hospital on June, 2011. She was not offered conventional invasive surgery because the cancer had spread throughout her left lung to the lymphatic system and the axillary lump nodes. Chemotherapy and radiation were suggested but would only extend life for a few weeks beyond her 6 month life expectancy. She started the ALD protocol a week after diagnosis. She was retested in October 2015 with Ultrasound and Bronchoscopy and found to have no pulmonary adenocarcinoma cancer in the lungs or in the axillary lymph nodes. The medical doctors found her to be in good health and attribute her cancer remission to the Alkalizing Lifestyle and Diet (ALD) that she followed and is still following as of to date.

Conclusion

Cystic Fibrosis (CF) and Pulmonary Adenocarcinoma (PAC) of the lungs are terminal chronic acidic conditions of the blood plasma and the interstitial fluids of the Interstitium theoretically caused by LTA with no current conventional treatments to slowdown the aggressive nature of these conditions. The Alkalizing Lifestyle and Diet (ALD) have shown great promise in improving and reversing these symptoms of both CF and PAC in ALL cases of which one noted case above showed complete remission of PAC, a terminal cancer condition with a one year life expectancy of 1 percent[37].

Bibliography

1. O'Sullivan BP and Freedman SD. "Cystic fibrosis". *Lancet* 373.9678 (2009): 1891-1904.
2. Hodson Margaret., *et al*. "Cystic fibrosis (3rd edition)". London: Hodder Arnold (2012): 3.
3. Travis William D., *et al*. "Pathology and Genetics of Tumours of the Lung, Pleura, Thymus and Heart (PDF)". World Health Organization Classification of Tumours. Lyon: IARC Press (2004).
4. Young RO. "The Blood Jerk Reaction - A Rise In The Alkaline pH of the Blood! What Does It Really Mean?" (2015).
5. Stacey A Kenfield., *et al*. "Comparison of aspects of smoking among the four histological types of lung cancer". *Tobacco Control* 17.3 (2008): 198-204.
6. Horn L., *et al*. "Chapter 89". In Longo, DL Kasper, DL Jameson, JL Fauci, AS Hauser, SL Loscalzo, J. Harrison's Principles of Internal Medicine (18th edition). McGraw-Hill (2012).
7. Subramanian J and Govindan R. "Lung cancer in never smokers: a review". *Journal of Clinical Oncology* 25.5 (2007): 561-570.
8. Kenfield SA., *et al*. "Comparison of aspects of smoking among the four histological types of lung cancer". *Tobacco Control* 17.3 (2008): 198-204.
9. Flume PA., *et al*. "Cystic Fibrosis Pulmonary Guidelines: Pulmonary Complications: Hemoptysis and Pneumothorax". *American Journal of Respiratory and Critical Care Medicine* 182.3 (2010): 298-306.
10. Mitchell Richard., *et al*. "Robbins basic pathology". Saunders/ Elsevier (2007).
11. "Profile: Lap-Chee Tsui". Science.ca. 1989-05-09 (2013).
12. Mitchell Richard., *et al*. Robbins basic pathology. Saunders/ Elsevier (2007).
13. Bobadilla JL., *et al*. "Cystic fibrosis: a worldwide analysis of CFTR mutations-correlation with incidence data and application to screening". *Human Mutation* 19.6 (2002): 575-606.
14. Goljan USMLE Audio Tapes (2001).
15. Young RO. "Sick and Tired". Woodland Publishing, Orem, Utah (2001).
16. Young RO and Young SR. "The pH Miracle Revised and Updated". Grand Central Publishing, New York, NY (2010).
17. McGowan PO., *et al*. "A Diet and the epigenetic (re)programming of phenotypic differences in behavior". *Brain Research* 1237 (2008): 12-24.
18. Young RO and Young SR. "The pH Miracle for Cancer". Hikari Omni Media Publishing, Alpine, Utah (2015).
19. Young RO and Young SR. "The pH Miracle for Weight Loss". Grand Central Publishing, New York, NY (2005).

20. Rubin BK. "The pharmacologic approach to airway clearance: Mucoactive agents". *Paediatric Respiratory Reviews* 7.1 (2006): S215-S219.

21. The Cystic Fibrosis Foundation. "Testing for CF".

22. Farrell P., *et al*. "Guidelines for Diagnosis of Cystic Fibrosis in Newborns through Older Adults: Cystic Fibrosis Foundation Consensus Report". *Journal of Pediatrics* 153.2 (2008): S4-S14.

23. The National Cancer Institute. "Testing for Non-Small Cell Lung Cancer".

24. Young RO. "The Real Scientific Truth Concerning The physiology of the Stomach" (2015).

25. Young RO. "Alkalizing Colon Hydrotherapy - The Secret of the Ancient Healers" (2015).

26. Adde FV., *et al*. "Nutritional follow-up of cystic fibrosis patients: the role of nutrition education". *Jornal de Pediatria* 80.6 (2004): 475-482.

27. Mizejewski GJ and Pass KA. "Fatty acids, alpha-fetoprotein, and cystic fibrosis". *Pediatrics* 108.6 (2001): 1370-1373.

28. Caramia G., *et al*. "Fatty acids composition of plasma phospholipids and triglycerides in children with cystic fibrosis. The effect of dietary supplementation with an olive and soybean oils mixture". *La Pediatria Medica e Chirurgica* 25.1 (2003): 42-49.

29. Beckles Willson N., *et al*. "Omega-3 fatty acids (from fish oils) for cystic fibrosis". *Cochrane Database of Systematic Reviews* 3 (2002): CD002201.

30. Roum JH., *et al*. "Systemic Deficiency of Glutathione in cystic Fibrosis". *Journal of Applied Physiology* 75.6 (1993): 19-24.

31. Young RO. "Herbal Nutritional Medications". Hikari Omni Publishing, Alpine, Utah (1992).

32. Cvetnic Z and Vladimir-Knezevic S. "Antimicrobial activity of grapefruit seed and pulp ethanolic extract". *Acta Pharmaceutica* 54.3 (2004): 243-250.

33. Heggers JP., *et al*. "The effectiveness of processed grapefruit-seed extract as an antibacterial agent: II. Mechanism of action and in vitro toxicity". *Journal of Alternative and Complementary Medicine* 8.3 (2002): 333-340.

34. Guo R., *et al*. "Herbal medicines for the treatment of COPD: a systematic review". *European Respiratory Journal* 28.2 (2006): 330-338.

35. Simopoulos AP. "Omega-3 fatty acids in inflammation and autoimmune diseases". *Journal of the American College of Nutrition* 21.6 (2002): 495-505.

36. Murray KL., *et al*. "Dietary supplement use in pediatric patients with cystic fibrosis". *American Journal of Health-System Pharmacy* 65.6 (2008): 562-565.

37. The American Cancer Society. "Non-Small Cell Lung Cancer Survival Rates by Stage".

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