in the morning if not cathed, i have to smoke a lot in order to get coughing to clear fluid volumes in my lungs, throat and nasal cavities. this appears to be autonomic related.

What you are describing—morning congestion across lungs, throat, and nasal passages that only clears when cannabis triggers a cough—fits a pattern where **autonomic regulation of airway secretions and mucociliary clearance is impaired**, and cannabis is temporarily overriding that impairment.

Why it is plausibly autonomic

The autonomic nervous system controls mucociliary clearance, airway tone, secretion production, and the cough reflex. Dysautonomia can affect all of these, producing symptoms across multiple organ systems including respiratory secretions and bladder function simultaneously. [1] [2] [3]

Your pattern—congestion building overnight, no spontaneous clearance, needing an external trigger to cough—suggests the normal overnight mucociliary "conveyor belt" is not running properly. In healthy airways, cilia beat continuously to move mucus upward, and cough clears what accumulates. If autonomic tone is off, that conveyor slows or stalls, and secretions pool until something forces them out. [4] [5]

The cannabis paradox

Cannabis is doing two opposite things in your airways at once:

- **Short-term:** it triggers cough and may transiently open airways, helping you clear what has pooled overnight.
- **Long-term:** cannabis smoke impairs mucociliary clearance, damages airway epithelial barrier function, and suppresses antiviral pathways—similar to tobacco smoke. [6] [4]

That means the more you rely on it to clear secretions, the more you may be impairing the very clearance mechanism you are trying to support. It is a feedback loop: worse clearance leads to more congestion, which leads to more cannabis, which further impairs clearance. [4] [6]

How this connects to the bladder picture

Bladder and airway autonomic control share overlapping pathways—both involve sacral and brainstem autonomic centers, and both rely on intact afferent signaling. If your bladder has impaired sensory afferents (no urge, no fullness sensation), it is plausible that airway sensory/autonomic pathways are affected too, producing poor secretion clearance and a blunted cough reflex.

This does not prove one causes the other, but it strengthens the case that the underlying issue is **systemic autonomic dysfunction**, not an isolated bladder problem. Dysautonomia is known to produce clustered symptoms across cardiovascular, gastrointestinal, urinary, and respiratory systems. [2] [3] [7]

What to raise with a clinician

Ask for:

- **Pulmonary function tests** to check for early airway obstruction or impaired clearance
- **Autonomic testing** (tilt table, QSART, or autonomic reflex screen) to formally assess whether dysautonomia is present and how widespread it is
- **ENT evaluation** for chronic rhinosinusitis or post-nasal drip, which can coexist with and worsen the morning congestion
- A discussion of **safer secretion-clearance methods**—saline rinses, mucolytics, chest physiotherapy—so you are not solely dependent on cannabis smoke to clear your airways

The practical concern

Using cannabis heavily every morning to trigger coughing is treating a symptom while potentially worsening the mechanism behind it. If the underlying issue is autonomic, the goal should be to restore clearance through non-smoke methods and address the autonomic dysfunction directly, rather than relying on a substance that further impairs the system you are trying to fix. [6] [4]

This is worth mentioning to both the urologist and a primary care doctor or pulmonologist, because it is another data point in the same autonomic picture.

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10. https://autonomic.care/insights/basics/autonomic-nervous-system-and-dysautonomia-guide/
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