

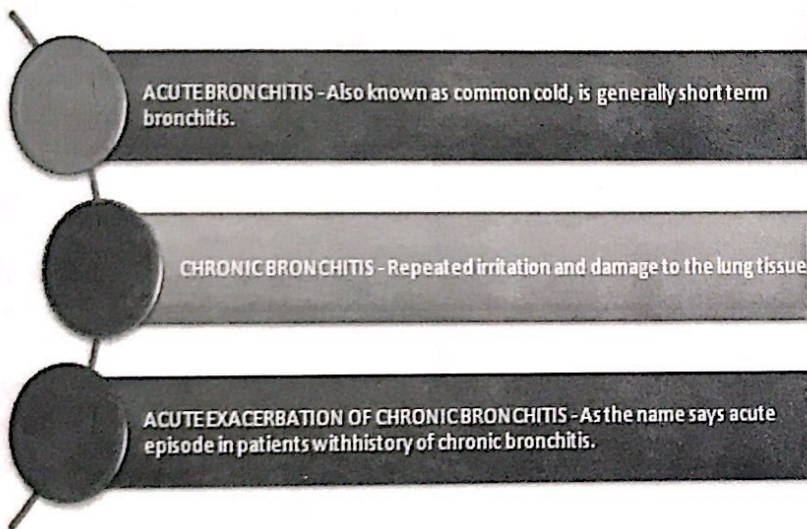
Bronchitis

This article gives a brief overview on bronchitis and its management.

Definition

Bronchitis is inflammation of the lining of bronchial tubes, which carry air to and from the lungs.

Types



Acute bronchitis

Acute bronchitis can occur either as a primary infection of the respiratory tract or can occur as a complication of an upper respiratory tract infection or as an exacerbation of acute infection in chronic bronchitis and emphysema.

Acute bronchitis in previously healthy person

- Usually preceded by an upper respiratory tract infection.
- Caused by viral infections particularly adenovirus, rhinovirus or influenza virus in

adults and respiratory syncytial virus or parainfluenza virus in children and elderly.

- Secondary bacterial infections with strep. pneumoniae, H. influenza have been seen to set in.
- Atypical infections due to mycoplasma pneumonia, chlamydia pneumonia and chlamydia psittaci sometimes come up as acute bronchitis in young adults.
- Organism causing acute bronchitis are very similar to those causing some severe infections like community acquired pneumonia.

Clinical presentation

- Common symptoms are mild general malaise with soreness.
- Initially irritating unproductive cough accompanied by retrosternal discomfort occurs.
- Sputum is initially mucoid later becomes mucopurulent.
- Associated upper respiratory tract infections are seen which include sore throat and running nose.
- Chest tightness with wheeze and breathlessness is seen when bronchi are involved.
- Infection is often associated with pyrexia of 38-39 degree.

Chronic bronchitis

Chronic bronchitis and emphysema are two distinct processes but are seen in combination in patients with chronic airways obstruction. The diagnosis of chronic bronchitis is majorly based on history, chronic airways obstruction is assessed physiologically and emphysema can be diagnosed with certainty through CT scan or histopathological examination of the lung.

Definition

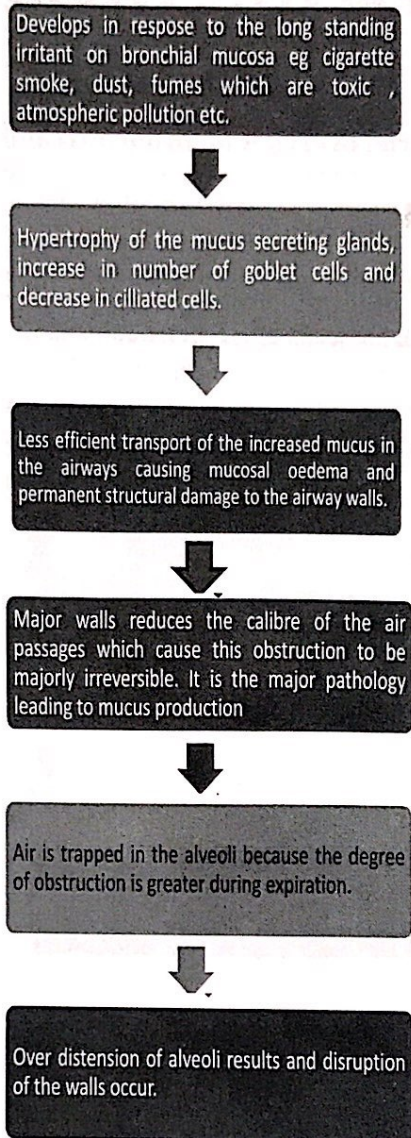
Chronic bronchitis is a condition associated with excessive tracheobronchial mucus production sufficient to cause cough with expectoration for atleast 3 months of

the year for more than two consecutive years.

- Simple Chronic Bronchitis**
- Characterized by mucoid sputum production.
- Chronic Bronchitis With Obstruction -**
There may or may not be obstruction which can be assessed by the use of forced expiratory vital capacity maneuver.
- Chronic Mucopurulent Bronchitis -**
Characterized by persistent or recurrent purulence of sputum in the absence of localized suppurative diseases such as bronchiectasis.
- Chronic Asthmatic Bronchitis -** patients present themselves with severe dyspnea and wheezing in association with inhaled irritants or during acute respiratory infections.

Differential Diagnosis with Asthma –The difference between the patients with chronic bronchitis with obstruction and the patient with asthma having chronic airway obstruction can be made through history of the case. The patient with chronic bronchitis with obstruction has a long history of cough and sputum production with a later onset of wheezing whereas patient with asthma patient will with chronic obstruction will give a long history of wheezing with later onset of chronic productive cough.

Aetiopathology



Clinical Manifestations

Symptoms

- Repeated attack of productive cough, usually after cold during the winter months.
- Cough shows the steady increase in the severity and duration with successive years until cough is present all the year round.
- Wheeze, breathlessness and tightness in the chest are commonly seen especially in the morning hours, before the

excessive bronchial secretions are cleared by coughing.

- Breathlessness is due to airflow obstruction and is aggravated by infection, excessive smoking and adverse atmospheric conditions.
- One should note that airflow obstruction is not a marked feature of all the patients but if occurs it worsens the prognosis.

Signs :

- Sputum may be scanty, mucoid and tenacious and occasionally streaked with blood.
- Wheeze accompanied by breathlessness and tightness in the chest is usually aggravated in the morning hours.
- Purulent sputum is indicative of bacterial infection which often occurs in these patients.
- Variable numbers of inspiratory and expiratory rhonchi, mainly low and medium pitched are audible in most patients.
- Crepitations which usually, but not always, disappear after coughing may be audible over the lower lobes.

Acute exacerbation of chronic bronchitis

Such exacerbation occurs generally in winter months or with change in season due to superadded bacterial infections. Viruses may be responsible for 40 to 60% of acute exacerbations particularly in winter months.

Investigations

1. **Chest radiograph** – Generally normal but may show features

suggesting co-existing emphysema in severe cases or where emphysema is an accompaniment

2. Pulmonary function test -

- **Ventilator capacity** – Forced expiratory volume (FEV) is reduced and ratio of FEV to VC is subnormal. Peak expiratory flow (PEF) also reduces.
- **Lung volumes** – Overall increase in lung volumes is seen.
- **Gas transfer** – Is generally normal or slightly impaired. Marked reduction suggests co-existing emphysema.
- **Arterial blood gas management** – In severe cases there is permanent increase in PaCO₂ and decrease in PaO₂ reflecting alveolar underventilation.

Complications of chronic bronchitis

- Type I and type II respiratory failure
- Pulmonary hypertension
- Right ventricular failure
- Secondary polycythaemia

Homoeopathic treatment

Drugs for acute bronchitis

ACONITE - Short, dry., titillating cough, resulting from an exposure to dry, cold air, increased by every respiration; painful sensitiveness of the affected parts, aggravated by breathing, coughing and talking.

ANTIMONY TART - Especially useful for children, aged persons, lymphatic constitutions and catarrhal dispositions; violent tickling in windpipe, causing cough, (<) after midnight, so that he has to sit up on account of oppression and dyspnoea; an important concomitant is Coated

tongue whereas similar manifestation as in Ipecac where tongue is clean.

ANTIMONY CRUD - Especially if caused by bathing. The cough seems to start from the abdomen; gastric derangement.

APIS MELLIFICA - Laborious and panting breathing, no thirst; scanty urine; insomnia: abdominal breathing with sensation AS IF EVERY BREATH WERE HIS LAST ONE; (<) in warm room.

ARALIA RAC - Dry wheezing respiration with sense of impending suffocation; the catarrhal process extending to the bronchial mucous membrane and constant desire to clear the chest; raw, burning, sore feeling behind the whole length of the sternum and in each lung.

ARSENIC - Dry, violent cough, with burning in the chest, worse at night, preventing sleep; he cannot lie down from fear of suffocation; THE COUGH IS FOLLOWED BY INCREASED DIFFICULTY IN BREATHING, great exhaustion, with sinking of the vital forces. Weakness is out of proportion of illness is an important concomitant.

ARS IOD - Catarrhal affections of the respiratory organs, with profuse, irritating watery discharge; pain in head as if from taking cold; hawking up thick mucus and clotted blood mixed; an arsenic totality with Hot patient, think of Ars Iod.

BRYONIA - Concussive cough, dry, from the sternal region all over the chest, as if it would burst, with scanty, yellow or blood-streaked thin mucus, frequently with vomitition and vomiting, especially after eating; difficulty of breathing, pleuritic stitches, producing pain in the head and chest, worse at night in bed.

Worse from motion is one great concomitant with Thermal being hot, many times Natrum Mur or Sulphur would be constitutional which would complete the case.

CARBO VEG - Evening hoarseness; burning under sternum; soreness of chest and heat of body when coughing, itching from throat down to centre of chest when coughing; paroxysmal cough, (<) by going into cold air from a warm room.

CHAMOMILLA - Dry cough, (<) at night, by anger and cold air, (>) from warmth and warm drinks; constant irritation to cough beneath the upper part of the sternum; expectoration only in day time; none at night; oppression of the chest as if it were not wide enough, or as if the throat were throttled, with constant desire to cough;

DULCAMARA - Cough from damp, cold atmosphere or from getting wet; patients have to cough a long time to expel phlegm, especially infants and old people, as the cough seems to come from abdomen and convulses the muscles of chest and abdomen, patient tries to relieve the pain in chest and hypochondria by holding them tightly; perspires immediately on waking from sleep; bronchitis from offensive- smelling night-sweats.

FERRUM PHOS - CAPILLARY BRONCHITIS OF YOUNG CHILDREN; acute, short, spasmodic and very painful cough, with squirting of urine with each cough (during pregnancy); cough in paroxysms, (<) at night or during siesta in day time.

IPECACUANA - Mucous and sibilant rales in the chest, especially of children; copious secretion of

mucus, which nearly suffocates him during the cough; with dyspnoea, nausea, vomituration, especially at the end of a paroxysm, or with expectoration of a scanty, albuminous, nauseous mucus; **CAPILLARY BRONCHITIS OF CHILDREN CAUSED BY THE WARM MOIST ATMOSPHERE.** Important concomitant is Clean Tongue.

KALI BROM - CAPILLARY BRONCHITIS, WHEN THE CHILD WITH SEVERE DYSPNOEA THROWS ITS ARMS AROUND WILDLY, spasmodic movements of the muscles, even opisthotonos; paroxysmal dry cough, followed by vomiting of mucus or food, (<) at night when lying down.

KALI CARB - Capillary bronchitis of children, cough with difficult expectoration, (<) after eating and drinking, and vomiting of sour phlegm; face pale, but red during cough; pains referred to abdomen because the lower lobes of lungs are infiltrated; livid face with puffed eyelids; sputa cannot be expectorated from mere muscular weakness and must be swallowed again; cough day and night, (<) from 3 to 4 A.M. and (>) after breakfast.

LOBELIA - Threatening paralysis of lungs; bronchial tubes loaded and wheezing more or less over both lungs; orthopnoea; livor of face; deadly faintness.

NATRUM SULPH - Asthmatic breathing in young people from a general bronchial catarrh, always (<) with every change to damp weather; frequent cough with some sputa; stitches in left side of chest, has to sit up and support chest with both hands, sycosis.

PULS - Easy and copious expectoration of thick, yellow sputa. At night and in bed cough dry, violent, spasmodic so that he has to sit up, with vomituration and vomiting; tongue heavily coated; breath offensive; countenance pale, alternating with redness; fluent coryza, with loss of smell and taste; tickling in suprasternal fossa; (>) in cold air, (<) in warm room.

TEREBINTHINA (Terebene)- Burning in air-passages; with then expectoration, very difficult to detach, drowsiness; lungs seem to be clogged up; urine scanty, almost from the admixture of blood.

Chronic Bronchitis

BADIAGA - Chronic bronchial catarrh with excessive mucous secretion, so that TALKING OR COUGHING CAUSES THE MUCUS TO FLY FROM HIS MOUTH, and gagging and vomiting (Chelidonium).

BALSAMUM PERU - Bronchial catarrhs with formation of muco-pus; loud rales with thick, creamy, yellowish-white sputa; hectic fever; night-sweats.

GRINDELIA ROBUSTA - Chronic bronchitis and bronchorrhoea, with tough-white, mucous expectoration, difficult to detach; accumulation of mucus in the bronchioles; patients feels that expectoration brings relief; cough from reflex causes; cough maintained by habit. a very good bronchiodialator, can be given

The complete cure or removing the tendency to Bronchitis is only possible through a totality remedy which will cover the physical generals, tendencies and mental make

up of patient. Acute remedies discussed above are definitely important but for complete annihilation of the disease we need a deep acting remedy. Results are very promising with such approach of treatment.

I have found Nat.Mur, Nat Sulph, Kali group and even Calcarea group in some cases to be useful for cases of Asthma and Bronchitis, a righlychoosen remedy makes the occurrence of acute attacks to be drastically removed where patient remains symptom free throughout year with acute attacks restricting to season change or pollen time and that too with much less intensity and what can be very efficiently managed with acute remedies which come closer to the main remedy in terms of remedy relationship.

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