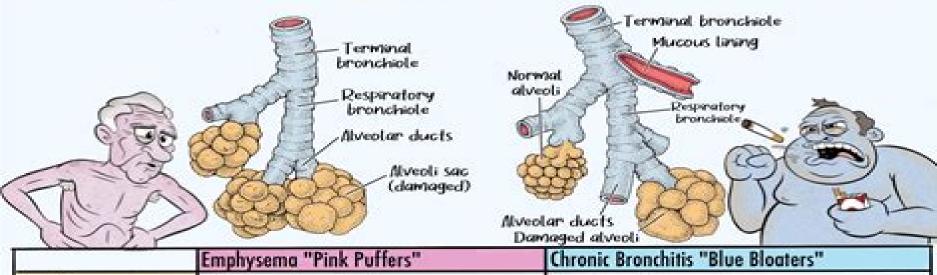
# Emphysema vs. Chronic Bronchitis



	Emphysema "Pink Puffers"	Chronic Bronchitis "Blue Bloaters"
Usual Presentation	Shortness of breath and scant sputum production	Chronic productive cough
General Appearance	Thin, sometimes cachectic, with rosy skin tones	Often overweight, obese
Adventitious Sounds	Less common	Ronchi and Wheezes
Sputum	Scanty, Mucoid (Evaporated Milk)	Copious, Purulent (Condensed Milk)
Cough	Dyspnea before cough (less prominent)	Cough before dyspnea (more prominent)
Cor Pulmonale	Rare, except at the late stages	More prominent
Radiographic Findings	Hyper-inflated lungs Small heart Diaphragm: low & flat +/- bullae (pockets of air)	Normal sized lungs (R) Ventricular hypertrophy Normal shaped diaphragm (+) Dirty lung appearance
Other Findings	(+) Barrel Chest (+) Use of accessory muscles of respiration	(+) Cyanotic (+) Peripheral Edema





## **Emphysema And Chronic Bronchitis**

Ying Liu

#### **Emphysema And Chronic Bronchitis:**

**Chronic Obstructive Lung Diseases**, 1974 Copd ,2015-08-01 The Chronic Bronchitis and Emphysema Handbook Dr. François Haas, Dr. Sheila Sperber Haas, 2008-04-21 Dr François Haas is an unusually gifted scientist and a compassionate human being HOWARD A RUSK M D Founder and Chairman Rusk Institute The bestselling guide for chronic bronchitis and emphysema sufferers newly revised and expanded For the millions of people diagnosed with chronic bronchitis and or emphysema this bestselling guide is now revised and expanded to offer the most up to date information available From helping you understand your disease and its proper care to showing you how to restore vitality and satisfaction to your relationships Dr François Haas and Dr Sheila Sperber Haas provide you with the facts and information needed to find the right treatment and take full advantage of it Written in a clear and helpful style The Chronic Bronchitis and Emphysema Handbook now includes current information on useful complementary approaches including herbal therapy plus effective exercises and the latest medical advances You ll discover How to find the right doctor for you and discuss your treatment options How to deal with HMOs and the companies that provide supplemental oxygen Which new surgical techniques are most promising How to manage stress and anxiety How to slow your disease and substantially improve your quality of life A variety of helpful resources accessible by phone or web The newsletters written by experts that will keep you **Emphysema and Chronic Bronchitis**, 1966 For Those who Live and Breathe Thomas L. Petty, Louise up to date **Emphysema and Chronic Bronchitis** Stanton Belinkoff,1971 **Chronic Obstructive Pulmonary** M. Nett, 1972 **Diseases (COPD)** Johnson Mbabazi Frsph, 2019-06-27 COPD Chronic obstructive pulmonary diseases poses to exacerbations and se rious illness The Global Burden of Disease Study reports a prevalence of 251 mil lion cases of COPD globally in 2016 Globally it is estimated that 3 17 million deaths were caused by the disease in 2015 that is 5% of all deaths globally in that year More than 90% of COPD deaths occur in low and middle income countries COPD is the third leading cause of death in the U S A and it is one of the leading causes of death in the UK Smoking is the main cause of COPD but a small number of cases are caused by exposure to fumes and chemicals The disease kills approx imately 23 000 people a year The number of premature deaths is almost twice as high as the European average The primary cause of COPD is exposure to tobacco smoke either active smoking or second hand smoke Other risk factors include exposure to indoor and outdoor air pollution and occupational dusts and fumes Exposure to indoor air pollution can affect the unborn child and represent a risk factor for developing COPD later in life Some cases of COPD are due to long term asthma COPD is likely to increase in coming years due to higher smoking prevalence and aging populations in many countries Many cases of COPD are preventable by avoidance or early cessation of smoking Hence it is important that countries adopt the WHO Framework Convention on Tobacco Control WHO FCTC and implement the MPOWER package of measures so that non smoking becomes the norm global ly COPD is not curable but treatment can relieve symptoms improve quality of life and reduce the risk of death Ιf

You Have Emphysema Or Chronic Bronchitis Chronic Respiratory Diseases Control Program (National Center for Chronic Disease Control), United States. Public Health Service, 1968 Living Well with Emphysema and Bronchitis Myra B. Shavevitz, Berton R. Shavevitz, 1985 Chronic Obstructive Pulmonary Disease ,2007 Natural Therapies for Emphysema and COPD Robert J. Green, 2007-04-04 The first book to address emphysema and chronic obstructive pulmonary disease COPD from a nutritional and alternative medicine approach Robert Green shows that holistic therapies ranging from herbs to homeopathy offer great promise in relieving COPD's debilitating symptoms. He also details how to stop smoking and includes resources for alternative health practitioners Chronic Obstructive Lung Diseases ,1977 **Natural Therapies for Emphysema and COPD** Robert J. Green, 2007-04-04 The first book to address emphysema and chronic obstructive pulmonary disease COPD from a nutritional and alternative medicine approach Explains the benefits of detoxification dietary changes and food combining Details 45 suggested herbs and 26 nutritional supplements as well as information on how to stop smoking Approximately 35 million people in the United States have been diagnosed with some form of chronic obstructive pulmonary disease COPD emphysema constituting 18 million of that group Worldwide as many as 293 million people suffer with these conditions COPD is the fourth leading cause of death in America claiming nearly 120 000 lives annually Yet conventional approaches to treatment with their regimens of drugs and unceasing physical therapy provide neither cure nor significant relief In Natural Therapies for Emphysema and COPD Robert Green shows that alternative holistic therapies ranging from herbs to homeopathy offer great promise in relieving COPD's debilitating symptoms Starting with the basics of the physiology of respiration Green presents a comprehensive program that includes detoxification dietary changes nutritional supplements and herbal medicine breathing techniques and exercise options such as aerobics yoga gigong and tai chi and alternative therapies such as homeopathy acupuncture and massage noting how and why each therapy works He also details how to stop smoking includes resources for alternative health practitioners and provides sources for the alternative products recommended Medical and Psychosocial Aspects of Chronic Illness and Disability Donna R. Falvo, 2005 A comprehensive text that provides easy to understand explanations of medical aspects of common chronic illnesses and disabilities For Those who Live and Breathe with Emphysema and Chronic Bronchitis Thomas L. Emphysema and Chronic Bronchitis Vichealth Victorian Smoking And Health Program, 1997 Petty, Louise M. Nett, 1969 The Natural History of Chronic Bronchitis and Emphysema Charles Montague Fletcher, 1976 Bronchial Vascular Remodeling in Asthma and COPD Aili Lazaar, 2006-08-04 Responding to the growth of research in the field over the past decade this book brings together leading investigators with expertise in pulmonology pathology and developmental biology to

decade this book brings together leading investigators with expertise in pulmonology pathology and developmental biology to clarify the mechanisms that regulate the development of bronchial vascular remodeling in asthma and COPD as well as explore the pathophysiological processes t 

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Chronic obstructive pulmonary disease (COPD) - chronic bronchitis and emphysema Industrial Injuries

Advisory Council, Great Britain. Department for Work and Pensions, A.J. Newman Taylor, 2007-11-21 The Industrial Injuries Advisory Council IIAC has completed a review of occupational coverage for the prescribed disease chronic bronchitis and emphysema now encompassed by the term chronic obstructive pulmonary disease COPD Following reviews of the literature consultation with experts in several areas consideration of reviews commissioned by independent academic bodies and public consultation the Council recommends that the current terms of prescription remain for chronic bronchitis and emphysema in underground coal workers for byssinosis in cotton workers and for emphysema in workers exposed to cadmium fume It recommends an extension for chronic bronchitis and emphysema to include exposure to coal dust in screen workers employed at the surface of coal mines Workers should have been employed for the equivalent of 40 years and qualifying exposures should have occurred before 1983 IIAC has also considered prescription for other occupational groups including cotton textile workers welders grain workers and workers exposed to silica or isocyanates There was insufficient evidence to recommend prescription or amendment to prescription for any other occupational categories but the IIAC will continue to monitor emerging evidence

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