

What is Asthmatic Bronchitis?

Generally, bronchitis is the irritation and inflammation of the bronchial tubes as well as neighboring organs and tissues that are accessories in breathing. The main purpose of the bronchial tubes is to filter the air that passes through the respiratory tract as it sets out to the lungs. These tubes are covered with small hair-like projections that thwart irritants or dirt (such as dust or pollen) from entering the crucial parts of the respiratory tract. These hair-like projections are called cilia. But long term contact with chemicals, viruses, or even dust particles will facilitate these irritants to shatter the respiratory system's natural defenses which will eventually cause infection and inflammation.

Asthmatic bronchitis is a category of COPD or chronic obstructive pulmonary disease. This type of pulmonary disease is typically acquired by individuals suffering from chronic bronchitis and it is also hard to differentiate from other lung diseases because their symptoms are quite similar. Other similar respiratory tract diseases are sinusitis, bronchitis, emphysema, and the common asthma.

As an overview, asthma is persistent inflammatory disease of the respiratory tract that causes the airway passages to be extra sensitive, mucus production, and mucus edema. What differentiates asthma from other obstructive lung diseases is that it is mostly reversible, with or without treatment. Individuals afflicted with asthma may experience symptom-free episodes interchanging with acute asthmatic attacks which could last for as little as a few minutes to as long as days. Factors that set off asthmatic attacks are similar to that of asthmatic bronchitis (such as smoking, dust, etc.) but common asthma is primarily triggered by allergens. Common allergens may be due to the season (weed pollens or grass tree) or persistent (dust, roaches, or animal dander). Most asthmatic individuals are very sensitive to an assortment of triggers.

Meanwhile, the primary cause of bronchitis is bacterial infections, but asthmatic bronchitis is thought to be activated by tiny specks that break through the safety walls made of cilia of the bronchial tubes. And like other COPDs, asthmatic bronchitis also involves congestion of the respiratory tract. Bronchial tubes produce mucus under normal circumstances, this mucus covers the trachea, lungs and other organs in the respiratory system. Nonetheless, in the existence of irritants, an overproduction of mucus occurs, which consequently obstructs the airways. Continuous mucoid obstruction of the respiratory tract is

fairly widespread among asthmatic bronchitis patients.

Causative factors that may have contributed to the development of asthmatic bronchitis are relentless childhood infections, hyperactivity of the bronchus or immunologic aberrations. Individuals who are either long suffering from asthma and/or other grave types of chronic bronchitis are also highly vulnerable to asthmatic bronchitis.

Furthermore, individuals who are suffering from chronic bronchitis eventually contracts asthmatic bronchitis due to long term exposure to pollutants or environmental toxins and mainly cigarette smoking. Although many medical professionals are still in the shadows of what the precise cause of asthmatic bronchitis, studies increasingly shows that it is primarily caused by environmental factors.

General symptoms of asthmatic bronchitis includes dyspnea or difficulty of breathing and shortness of breath, cough, chest discomforts, wheezing that lasts for several weeks, fatigue or general malaise, pain, weight loss, a general feeling of soreness, and high risk of susceptibility to infections. Although these are also observed among common asthmatic patients, individuals suffering from asthmatic bronchitis have symptoms that are more profound. These symptoms also have higher frequencies compared to the common asthma. An additional warning sign is the difficulty of reaching high or low notes when singing.

Medical treatment for asthmatic bronchitis is similar to that of chronic bronchitis. Medications include bronchodilators, steroids, and antibiotics. But these treatments do not really cure the illness; it helps in alleviating its symptoms and as much as possible give comfort to the patient.

A lot of asthmatic bronchitis sufferers are obliged to take long term treatments which help improve their health situation after an extensive time. Patients are counseled to steer clear from irritants like dust, pollen, smoke, chemicals, and alcohol fumes. They are also advised to avoid bacterial infection, thus they should avoid crowds as much as possible. If it is unavoidable, patients are obliged to wear masks to cover their nose and mouth to prevent bacteria from entering the respiratory tract.

Patients are also required to obtain influenza vaccines. They should also be educated about other precautionary measures to avoid further viral or bacterial infection.