

Common Cold and Bronchitis

Name:

Institution:

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Bronchitis—also labeled in medical terminology as acute bronchitis—often emerges as a complication after the poor treatment of common colds. The viruses that provoke the symptoms of bronchitis are the same as the ones which cause upper respiratory infections including rhinovirus, coronavirus, and adenovirus. Typical symptoms that make patients experience sharp coughing sessions are caused by the disruption of mucus production in the bronchi. The reason for such signs is linked to the inflammation process that occurs in the bronchial wall, stimulating the production of mucus and bronchus edema. The primary threat of bronchitis results in the possible damage to the bronchial wall, which could take months to recover after removing the primary signs of infection.

The pathophysiology of bronchitis is based on coughing as the key symptom, which leads the majority of patients with the diagnosis to address the nearest hospital in search of corresponding assistance. The preliminary number of cases when acute bronchitis comes is related to the viral etiologies of influenza A and B, parainfluenza, coronavirus, rhinovirus, and human metapneumovirus (Hart, 2014). Additionally, causes of bronchitis may as well include bacterial infections, but such situations are seldom met. The inflammation in the bronchial wall makes mucus thicken, supplemented with epithelial-cell desquamation and the denuding of the membrane basement airway (Hart, 2014). Besides, the prolonged period of recovery requires a proactive and careful treatment plan. Bronchitis can also appear as a symptom of diseases like pneumonia, pertussis, and influenza.

The key symptoms found in Tammy's case include a mucus-producing cough and

scratching throat. She also experiences sudden coughing fits, which have acquired a prolonged and intense pattern with the substantial production of green sputum coming out of her mouth. The color of sputum also indicates that the mucus production in the bronchi is excessive with green color. Her sudden cough strokes in the middle of the night point to the development of the disease, which requires an immediate visit to a health clinic.

In case bronchitis is not treated, and its symptoms are ignored, the disease could damage the health of the infected in the long term. Chronic bronchitis can be acquired, resulting in cough sessions occurring every day for several months and afterward one or two years in sequence. Other complications include such physical conditions as breath shortness, respiratory problems, and generally increased mortality numbers. Among severe diagnoses, asthma could emerge as the disrupting factor in one's daily life. Mental problems are even possible to take place among people with bronchitis-caused disorders, which leads to spontaneous stress, anxiety on a constant basis, and several-days-long depression (Hart, 2014). Organ failure is also possible under the impact of pathogenic bacteria that enter the bloodstream and then traverse other vital organs.

The scenario found in Tammy's case presumes traditional treatment medications. They serve as the way to interfere with cough strokes, providing supportive and controlling the effect. Thus, cough suppressants and expectorants must be chosen to mitigate the issue. Antihistamines, inhalers, and anti-inflammatory substances become the primary part of the treatment plan to cure the disease. The supplementing therapy involves the utilization of herbal remedies, which could be an effective solution when a patient's body develops a rejection to conventional medicine.

Pelargonium sidoides has mild antibacterial, antiviral, and mucolytic properties. It is available on the majority of markets (Hart, 2014). Generally, to assist Tammy's treatment, she must visit a medical clinic as soon as possible and be ready for extensive medication and herbal therapy to avoid complications.

References

- Hart, A. M. (2014). Evidence-based diagnosis and management of acute bronchitis. *Nurse Practitioner*, 39(9), 32-39. Retrieved September 11, 2018, from https://journals.lww.com/tnpj/fulltext/2014/09000/Evidence_based_diagnosis_and_management_of_acute.8.aspx.
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