

<<外国人学中西医结合疗法>>

图书基本信息

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版权页： 2. CHRONIC BRONCHITIS GENERAL CONSIDERATION The definition of chronic bronchitis requires that productive cough be present on most days for a minimum of three months in the year in at least two consecutive years in order to make the diagnosis. The disease is probably the most common debilitating respiratory disease in China. There is a strong association with inhalation of irritant substance such as various forms of air pollution and heavy smokers. The pathologic findings include hyperplasia and hypertrophy of the submucosal bronchial mucous glands, hyperplasia of bronchiolar goblet cells, squamous metaplasia of bronchial mucosal cells, chronic and acute inflammatory infiltrates in the bronchial submucosa, profuse inflammatory exudates in the lumens of bronchi and bronchioles and denudation of bronchial mucosa. In traditional Chinese medicine, this disorder is called "Ke Sou" and is thought to be caused by damp, cold and heat phlegm and deficiency of the lungs.

CLINICAL MANIFESTATIONS The hallmark of chronic bronchitis is chronic cough and sputum production. Productive cough may be present on most of the days, at least for many years. The disease is commonly seen in old men and women with an onset related to winter and is caused by cold. At early stage, cough is productive and often occurs in the morning. This may be the only symptoms and may gradually become serious and symptoms such as dyspnea on exertion may develop. As the disease progresses, the course of the illness is usually marked by recurrent episodes of acute respiratory failure resulting from infectious exacerbations of the bronchitis. Clinically, the manifestations are increased cough, change in sputum from clear and mucoid to purulent, fever, dyspnea and varying degrees of respiratory distress. The course of the disease is one of gradual increase in frequency and severity of episodes of acute infection and respiratory failure, eventually resulting in intubation and the need for almost constant ventilatory assistance. Death usually occurs during an episode of respiratory failure. The physical findings vary with the stage in which the patient is examined. During relatively quiescent period, the only findings may be increased anteroposterior diameter of the chest, hyperresonance to percussion, prolonged expiratory phase, scattered diffuse coarse or moderate rhonchi and rales and wheezing. Later the patient may manifest the signs and symptoms of pulmonary hypertension and right ventricular failure, i.e. increased second heart sound, pedal edema, hepatomegaly and ascites.

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编辑推荐

《外国人学中西医结合疗法》告诉大家传统中西药物每个都有自己的优点和缺点。作者的临床研究自我实践，涵盖范围广泛的疾病的不同系统的人体具有独特的疗法，比任何西方或中国传统医学和可以令人满意的治疗某些疾病不能治愈的或其他药物。

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