

# BRONCHITIS 气管炎

“Bronchitis” is a Western medicine term; in Chinese medicine, it would be found under “Cough”. I will concentrate primarily on bronchitis after an invasion of Wind, therefore primarily acute bronchitis in the context of acute exterior diseases. Therefore, this corresponds to the Qi Level of the 4 Levels or Upper Burner within the 3 Burners.

The 6 Stages do not even envisage such a pattern and that is another reason why I primarily use the 4 Levels in the treatment of acute external diseases.

Bronchitis (or Phlegm-Heat in the Lungs with cough) is the most common pattern seen at the Qi level. A huge number of hospitalizations are due to bronchitis. Two other important reasons why we need to be very skilled at treating bronchitis is a) it may have serious complications for the elderly; b) it often gives rise to residual pathogenic factor and chronic bronchitis.

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The Lung pattern at the Qi Level actually describes a situation of Lung-Heat but its treatment principle is applicable to situations of Phlegm-Heat in the Lungs.

When we say that “bronchitis” corresponds to “Cough”, we should be clear that it corresponds only to one type of cough. Cough may be internal or external and acute or chronic. When we discuss bronchitis, we therefore mean an acute cough of exterior origin. Please note that the cough is of exterior origin (after an invasion of Wind): the actual Qi Level pattern is internal and is characterized by internal Heat: from the 8 Principles point of view, it is Hot, Internal, Full, Yang.

## AETIOLOGY

This is by definition an invasion of external Wind at the Wei level; the pathogenic factor is not expelled, it becomes interior and it turns into Heat.

The main external pathogenic factor causing this is Wind (as opposed to Dampness). Wind will affect the Lungs for various reasons. Firstly, Wind affects the Lung Wei portion already at the Wei level; Wind invades the skin which is controlled by the Lungs. Also, Wind-Heat enters through the nose which is an orifice of the Lungs.

There is a tendency for this pathogenic factor to become internal and enter the Lung organ because the Lungs are a “delicate” organ (more so in children and the elderly).

## PATHOLOGY

We have discussed why the pf enters the Lungs at the Qi level. Yet another reason not discussed above is that the Lungs are in the Upper Burner; Wind invades the top part of the body hence the Lungs are more prone to be invaded. (Dampness has a tendency to invade the Middle Burner and the Stomach and Spleen.

Why Heat and why Phlegm? Heat because internal pf have a tendency to generate Heat. (For example, Latent Heat is a manifestation of this principle). Phlegm is formed for various reasons. The first is that Heat by itself tends to condense the fluids into Phlegm.

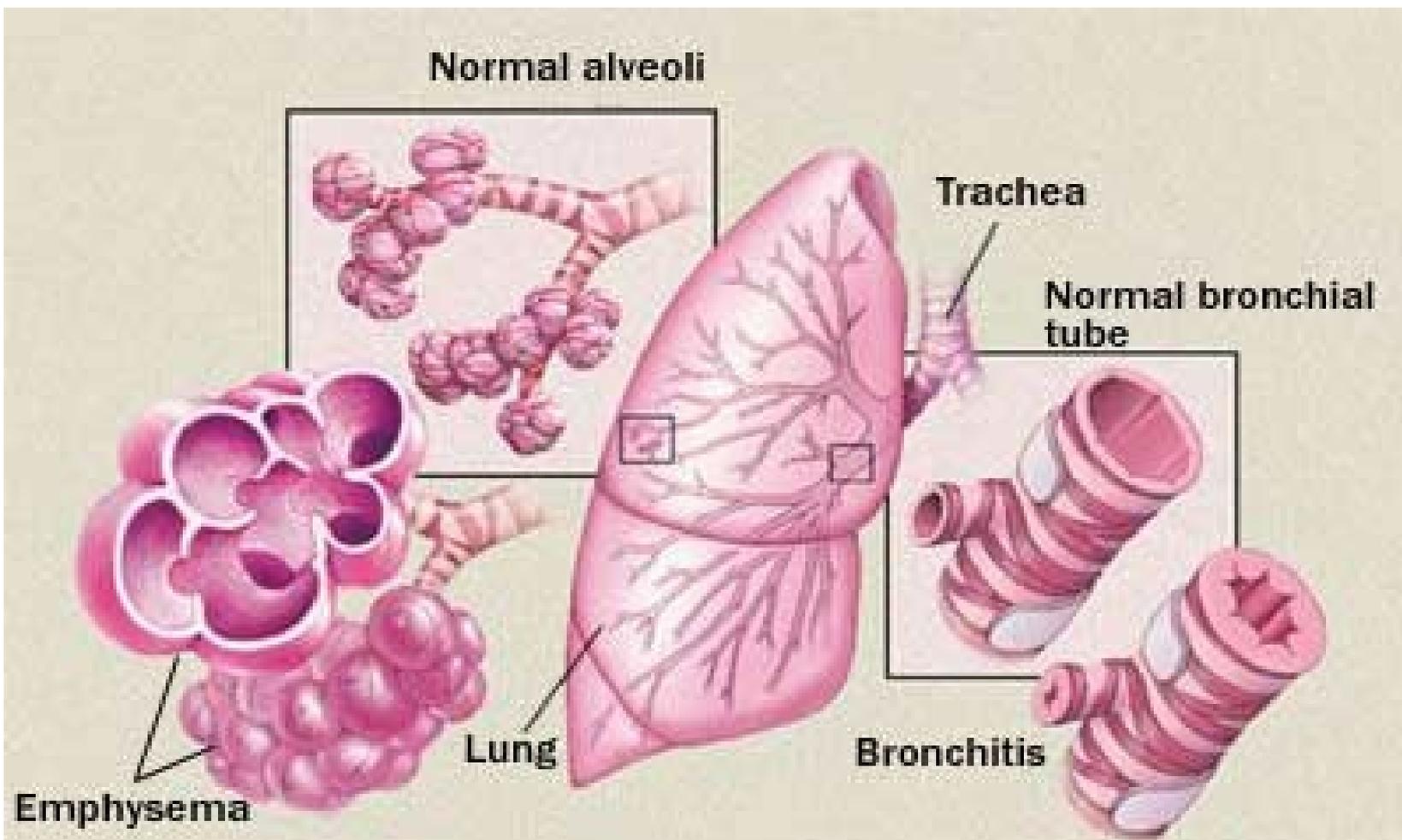
Another reason is that, once internal, the pf does affect Stomach and Spleen too impairing the ascending of Spleen-Qi and descending of Stomach-Qi. Both Heat and Phlegm obstruct the Lungs and impair the diffusing and descending of Lung-Qi: the latter causes the cough and breathlessness.

## DIAGNOSIS

- Cough worse at night: usually external cough
- Cough with loud sound or barking cough: Full condition
- Expectoration: Phlegm

## CLINICAL MANIFESTATIONS

Acute cough after a cold or influenza, (occasionally it may start without previous obvious symptoms of common cold or influenza), fever, expectoration of sticky-yellow-greenish phlegm which may also be blood-tinged), breathlessness, cough worse at night, a feeling of oppression of the chest, thirst, red face. Tongue: Red with sticky-yellow-brown coating. Pulse: Slippery-Rapid.



**Emphysema**

With emphysema, the walls of alveoli are damaged by inflammation. Alveoli can lose their natural elasticity, become overstretched and rupture. Several adjacent alveoli may rupture, forming one large space instead of many small ones.

**Bronchitis**

Chronic bronchitis is a chronic inflammation and thickening of the walls of your bronchial tubes, which narrows them. It often induces coughing spells.