Effect of Diaphragmatic Breathing and Pursed Lip Breathing In Improving Dyspnea- A Review Study

Dr. Charu Mehandiratta 1 Dr.Anchit Gugnani 2
1 Department of Yoga and Naturopathy, Jayoti Vidyapeeth Womens University, Jaipur
2 Department of Physiotherapy, Jayoti Vidyapeeth Womens University, Jaipur

Abstract: Shortness of breath will vary from gentle and temporary to serious and long. It's generally tough to diagnose and treat dyspnea as a result of there may be many various causes. Respiratory exercises, like diaphragmatic breathing and pursed-lips breathing, play a role in some people with Dyspnea and may be thought-about for those patients who are unable to exercise. The term dyspnea refers to fulminant and severe shortness of breath, or problem in breathing. It's one amongst the foremost common reasons for visits to the accident and emergency department of the hospital. Shortness of breath could also be normal once exercise or effort. However, this typically resolves on rest and isn't severe. Shortness of breath that comes on suddenly could also be a wake-up call of an underlying medical condition. The matter could exist the heart or within the lungs. There are alternative issues that will additionally cause severe dyspnea as well as panic attacks, anxiety, avoidipos etc.

Keywords: deep breathing, pursed lip breathing, dyspnea, shortness of breath,

Introduction of Dyspnea and Cause and Symptoms

Dyspnea is a variety of different sensations experienced by patients are in all probability enclosed in this category. It is that the most typical reason for metabolism limitation of activity in patients with pulmonic disease. Dyspnea could be a subjective symptom reportable by patients. It's invariably a sensation expressed by the patient and will not be confused with fast breathing (tachypnea), excessive breathing (hyperpnea), or hyperventilation. Stéfanie Parisien , et all. (2019). Dyspnea is most often delineated as shortness of breath, inability to take up a deep breath, or chest tightness.

Dyspnea Symptoms
When you have dyspnea, you may feel:
• Out of breath
• Tightness in your chest
• Hungry for air (you may hear this referred to as air hunger)
• Unable to breathe deeply

It may be acute (sudden dyspnea) or chronic (long-lasting dyspnea). Acute dyspnea starts within a couple of minutes or hours. It will happen with different symptoms sort of a fever, rash, or cough. Chronic dyspnea will cause you to sound out of breath with everyday tasks, like walking from space to space or standing up. Sometimes, shortness of breath gets higher or worse with sure body positions. For instance, lying down flat will trigger shortness of breath in folks that have sure forms of heart and lung sickness.

Dyspnea Causes
Many conditions can cause shortness of breath. The most common causes of short-term dyspnea are:
• Anxiety disorders
• Asthma
• A blood clot in your lungs, known as pulmonary embolism
Broken ribs
Excess fluid around your heart
Choking
A collapsed lung
Heart attacks
Heart failure
Heart rhythm problems
A low red blood cell count, also called anemia
Pneumonia and other respiratory infections
Pregnancy
A severe allergic reaction known as anaphylaxis
Sudden blood loss

**Pursed Lip Breathing**

Pursed-lip breathing is a technique that enables the management of oxygenation and ventilation. The technique needs an individual to inspire through the nose and exhale through the mouth at a slow controlled flow. Ingram RH Jr, et al. (2012). The expiratory part of respiration goes to prolong when put next to inspiration to expiration quantitative relation in normal breathing. This system creates a back pressure manufacturing a tiny low quantity of positive end-expiratory pressure (PEEP).

The flow of exhalation exerted a positive pressure making the forces oppose each other on the airway. As a result, pursed-lip respiration helps support breathing by the gap of the airways throughout exhalation and increasing excretion of volatile acids within the kind of CO2 preventing or relieving hypercarbia. Breslin EH. (1992). Through purse-lip respiration, individuals will have relief of shortness of breath, decrease the work of breathing, and improve gas exchange. They conjointly regain a way of management over their respiration whereas at the same time increasing their relaxation.

**Technique**

- Lie on your back on a flat surface (or in bed) together with your knees bent. You'll be able to use a pillow beneath your head and your knees for support if that is easier.
- Place one hand on your upper chest and therefore the different on your belly, slightly below your rib cage.
- Breathe in slowly through your nose, holding the air in deeply, towards your lower belly. The hand on your chest ought to stay still, whereas the one on your belly ought to rise.
- Tighten your abdominal muscles and allow them to fall inward as you exhale through pursed lips. The hand on your belly ought to move all the way down to its original position.
- You may also follow this sitting in a very chair, together with your knees bent and your shoulders, head, and neck relaxed. Follow for 5 to ten minutes, many times on a daily basis if attainable.

**Diaphragmatic Breathing**

Diaphragmatic respiration is a variety of respiration exercise that helps strengthen your diaphragm, a very important muscle that helps you breathe because it represents eighty percent of respiration. This respiration exercise is also generally called (belly respiration or abdominal breathing). Seo K, et al. (2017). When the diaphragm is functioning effectively in its role because the primary muscle of inspiration, ventilation is competent and also the oxygen consumption of the muscles of ventilation is low once a patient depends well on the adjuvant muscles of inspiration, the mechanical work of breathing (oxygen consumption) will increase and also the potency of ventilation decreases Controlled respiration techniques, that emphasize diaphragmatic respiration are designed extend the efficiency of ventilation, decrease the work of respiration, increase the excursion of the diaphragm, and improve oxygenation.

Buller, J. L. et al. (2017)

**Aims**

- To mobilize secretions.
- To instruct effective coughing and remove secretions.
To instruct relaxation.
To instruct breathing control.
To instruct postural awareness.
To mobilize thorax and shoulder girdle.

**Physiological Effect**
- It helps you cope with the symptoms of post-traumatic stress disorder (PTSD).
- It improves your body’s ability to tolerate intense exercise.
- It lowers your chances of injuring or wearing out your muscles.
- It slows down the rate of breathing so that it spends less energy.
- It helps you relax, lowering the harmful effects of the stress hormone cortisol on your body.

**Dyspnea and the Breathing**
Respiration, the act of breathing, is exclusive therein, of all the very important functions, it alone is regulated not solely by automatic centers set within the brain-stem however additionally in so far as people have some management over their breathing, sensations arising from respiratory activity have an effect on the speed and pattern of respiratory also because the Derangements within the respiratory controller, improvement pump, or gas exchanger could underlie uncomfortable breathing sensations, usually named as dyspnea by clinicians. Prescott G. Woodruff, et al.(2008).Whereas the initial goal of clinicians once treating a patient who is breathless is to remedy the physical derangement producing the sense impression, there are several people with chronic cardio respiratory disorders that the underlying pathophysiology cannot be corrected. This, in turn, often leads to long-run incapacity for the patient. A much better understanding of the mechanisms, assessment, and treatment of dyspnea is important if clinicians are to boost their ability to observe and treat patients with shortness of breath.

**Management of Dyspnea**
Breathing training will assist the patient in controlling, and managing shortness of breath while not overuse of medicines. Pursed-lip breathing, diaphragmatic respiratory, and controlled respiratory conjointly improve oxygenation, slow the vital sign, increase tidal volume, decrease air trappings, and cut back the work of breathing. W Zhang, et al.(2018). Though utilized by some programs, inspiratory and expiratory muscle grooming isn’t usually thought about a regular part of pulmonic rehabilitation, as a result of there has been no consistent information to support profit.

Pursed lip respiratory improves the lung mechanics and breathing all directly, that means that you just don’t have to be compelled to work as laborious to breathe well. Gosse link R. (2004). This can be significantly useful for those that have lung conditions that create it tougher for them to breathe. Daniel J. Malone, et al.(2004). These conditions will embrace clogging respiratory organ sickness, like bronchial asthma, and restrictive lung sickness, like pulmonic fibrosis (PF), that may be a kind of interstitial lung disease (ILD). Instruction in daily activity performance is additionally helpful. Coordinating breathing with specific activities, avoiding breath holding, and eupneic whereas, doing tasks that need uncommon effort all cut back Dyspnea. Stéfanie Parisien-La Salle et all. (2019).

The performance of various activities in patients with restricted respiratory reserve will be enhanced if we reduce the energy needs. Borge CR, et al.(2014). Techniques like the utilization of correct body mechanics, pacing of activities, and coming up with comfortable rest periods are helpful. Patients also are inspired to maximize their medicine therapy and oxygen supplementation whereas in coaching sessions, as a result of these adjuncts are shown to extend tolerated work rates.

**References**