

A Review of Respiratory System Diseases: Causes, Symptoms, and Treatments

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Abstract

The respiratory system is significant in the human body because it facilitates gaseous exchange. Respiratory system diseases can significantly impact a person's quality of life and overall health. This study reviews the causes, symptoms, and treatments of various respiratory system diseases based on secondary data sources. Common respiratory system diseases discussed in this study include "asthma, chronic obstructive pulmonary disease (COPD), pneumonia, and lung cancer. Asthma is a chronic condition characterized by airway inflammation and bronchoconstriction, leading to symptoms such as wheezing, shortness of breath, and coughing. COPD is a progressive lung disease that obstructs airflow and causes breathing difficulties, typically due to smoking or long-term exposure to lung irritants. Pneumonia is an infection that inflames the air sacs in the lungs, resulting in symptoms like cough, fever, and difficulty breathing. Lung cancer is a malignant tumor that originates in the lungs, often associated with smoking and exposure to carcinogens. Symptoms of lung cancer may include persistent cough, chest pain, and unintentional weight loss". Treatment options for respiratory system diseases vary depending on the specific condition and its severity. Common treatments include bronchodilators, corticosteroids, antibiotics, and chemotherapy. Respiratory system diseases can also benefit from lifestyle modifications, such as quitting smoking, avoiding lung irritants, and maintaining a healthy weight through regular exercise and a balanced diet. In conclusion, respiratory system diseases pose significant health challenges and require proper management to improve patient outcomes and quality of life. Understanding the causes, symptoms, and treatment options for these diseases is essential for healthcare providers to provide accurate diagnoses and effective interventions.

Key words: Respiratory diseases, Asthma, Pneumonia, Lung cancer, Carcinogens.

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1. Introduction

Since it is in charge of allowing the body to absorb oxygen and expel carbon dioxide, the respiratory system is extremely important (Hirsch, 2013). A person's health and well-being can be greatly impacted by a number of disorders that can arise from poor respiratory health. In this overview, we will examine some of the most prevalent illnesses of the respiratory system, along with their causes, signs, and remedies.

Numerous variables, such as infections, environmental contaminants, genetics, and lifestyle choices, can contribute to respiratory system illnesses. Asthma is a common respiratory illness that causes breathing difficulties due to airway constriction and inflammation (Prat, 2016). Exercise, stress, respiratory illnesses, and allergens can all cause asthma attacks.

Chronic obstructive pulmonary disease (COPD), which encompasses ailments including emphysema and chronic bronchitis, is another prevalent respiratory disorder (Shukla, 2020). Long-term exposure to irritants like 'cigarette smoke, air pollution, or chemical fumes' is a common cause of COPD. Airflow into and out of the lungs may become problematic as a result of injury to the lungs and airways.

Another respiratory condition that can be brought on by viral, bacterial, or fungal lung infections is pneumonia (Wiersinga, 2020). Pneumonia symptoms include fever, coughing, chest pain, and breathing difficulties. Pneumonia can be fatal in extreme circumstances and may necessitate hospitalization.

Other respiratory system diseases include lung cancer, pulmonary fibrosis, and bronchiectasis, each with its own set of causes, symptoms, and treatments (Waness, 2011). Lung cancer, for example, is often caused by smoking or exposure to radon gas or asbestos. Chest pain, inexplicable weight loss, and a chronic cough are all possible signs of lung cancer. Radiation therapy, chemotherapy, and surgery are among the possible treatments for lung cancer (Shukla, 2020).

It's critical to identify the signs of illnesses in the respiratory system and to get medical help as soon as possible. Prompt diagnosis and intervention can aid in symptom management, enhance overall well-being, and possibly avert problems. Medication, oxygen therapy, pulmonary rehabilitation, and, in certain situations, surgery are possible treatments for respiratory disorders (Randerath, 2017).

In general, respiratory system diseases can have a substantial influence on an individual's health. By getting to know the causes and treatments of these diseases, individuals can take steps to protect their respiratory health and seek appropriate medical care when needed. This review will provide valuable information on common respiratory system diseases, helping readers to recognize the signs and symptoms and make informed decisions about their health.

2. Literature Review

The respiratory system encompasses the organs and structures that allow for the exchange of gases between the atmosphere and the body (Horváth, 2015). Respiratory system diseases can have a substantial influence on an individual's health. This literature review aims to explore previous studies on the causes, symptoms, and treatments of various respiratory system diseases.

A study conducted by Funke-Chambour (2017) investigated the prevalence of different respiratory system diseases within a specific population. The researchers found that COPD was the most common respiratory illness, affecting approximately 15% of the study participants. Other prevalent respiratory diseases included asthma, pneumonia, and lung cancer.

Another study by Chotirmall (2017) examined the risk issues related to the development of respiratory system diseases. The researchers identified smoking, air pollution, and occupational exposure to hazardous substances as significant risk factors for developing respiratory diseases. Furthermore, genetic predisposition and underlying medical conditions were also found to increase the likelihood of developing respiratory system diseases.

In terms of symptoms, a review by Battineni (2020) emphasized the typical indications and symptoms connected to a range of disorders affecting the respiratory system. Chest pain, wheezing, exhaustion, coughing, and shortness of breath were common respiratory illness symptoms. However, the precise symptoms could change based on the disease's severity and underlying condition.

Treatment options for respiratory system diseases have been extensively explored in the literature. A systematic review by Flume (2012) evaluated the efficacy of different pharmacological interventions for managing COPD. The researchers found that bronchodilators, corticosteroids, and anti-inflammatory medications were effective in improving lung function and reducing exacerbations in patients with COPD.

Similarly, Gu et al. (2020) evaluated the outcomes of respiratory rehabilitation programs in patients with asthma. The researchers concluded that respiratory rehabilitation, including exercise training and education, was associated with improved symptom control and exercise capacity in individuals with asthma.

In summary, illnesses of the respiratory system can greatly affect a person's health and wellbeing. For these illnesses to be managed successfully and to have better results, it is essential to comprehend their causes, symptoms, and available treatments.

3. Methodology

The methodology section of this review paper focuses on the search scheme and selection criteria used to find significant studies on respiratory system diseases. To gather information on the causes, symptoms, and treatments of various respiratory diseases, a literature exploration was carried out using electronic databases such as “PubMed, Google Scholar, and ScienceDirect”.

Search terms related to respiratory system diseases, including “chronic obstructive pulmonary disease (COPD), asthma, bronchitis, and emphysema”, were used to identify relevant articles published in peer-reviewed journals. Studies that provided comprehensive information on the causes, symptoms, and treatments of these respiratory diseases were included in the review.

Selection criteria for inclusion in the review paper were based on the following factors: relevance to the topic, publication date (studies published within the last ten years were prioritized), study design (including “systematic reviews, meta-analyses, observational studies, and clinical trials”), and quality of evidence presented.

The selected studies were analyzed, and key findings related to the causes, symptoms, and treatments of respiratory system diseases were summarized and discussed. The review paper aims to provide a comprehensive overview of these respiratory diseases to help healthcare professionals, researchers, and patients better understand and manage these conditions.

4. Findings and Discussion

4.1 Types of Respiratory System Diseases

4.1.1 Common Respiratory Infections

Respiratory infections are amongst the most common categories of respiratory system diseases. These contagions can be caused by various pathogens, including ‘viruses, bacteria, and fungi’. The most common respiratory infections include the flu (influenza), pneumonia, bronchitis, and tuberculosis (Holtze, 2018). These infections can range from mild to severe, with symptoms such as ‘coughing, fever, shortness of breath, and chest pain’. Respiratory infections can be transmitted through droplets in the air or by direct contact with contaminated surfaces (Randerath, 2017).

Previous studies have shown that respiratory contagions are a significant cause of illness and death worldwide. A study by Shukla (2020) found that respiratory infections were responsible for a substantial burden on healthcare systems and were associated with increased hospitalizations and healthcare costs. Therefore, understanding the ‘causes, risk factors, and treatment options’ for common respiratory infections is crucial in managing these diseases effectively.

4.1.2 Chronic Obstructive Pulmonary Disease (COPD)

Chronic airway inflammation and restricted airflow are hallmarks of COPD, a lung illness that progresses over time. Although smoking is the main cause, genetics and exposure to air pollution can also play a role in its development (Wiersinga, 2020). Emphysema and chronic bronchitis are included in COPD, which is a major cause of morbidity and death worldwide. Coughing, shortness of breath, and chest tightness are some of the symptoms of COPD that can seriously lower a patient's quality of life (Waness, 2011).

According to a Tregoning (2010) study, individuals with COPD are more likely than the general population to experience cardiovascular events. As a result, treating COPD calls for an all-encompassing strategy that takes into account concomitant illnesses in addition to respiratory symptoms.

4.1.3 Asthma

Chronic asthma is a respiratory ailment marked by irritation of the airways, which causes wheezing, coughing, chest tightness, and shortness of breath on a regular basis (Short, 2017). People of all ages are susceptible to asthma, which is a widespread ailment with a variety of triggers, including exertion, respiratory infections, allergens and air pollution. In recent years, asthma has become more common, especially in cities with high air pollution levels (Kling, 2011).

Hirsch (2013) identified several distinct asthma phenotypes based on clinical features and provocative profiles, highlighting the importance of personalized medicine in asthma management. Additionally, advancements in asthma treatment, such as biologic therapies targeting specific inflammatory pathways, have shown promising results in improving asthma control and reducing exacerbations in patients with severe asthma.

4.1.4 Lung Cancer

The main cause of cancer-related fatalities globally, lung cancer, is a malignant tumor that starts in the lungs (Funke-Chambour, 2017). ‘Small cell lung cancer’ (SCLC) is the second most common kind of lung cancer, accounting for around 85% of cases, behind non-small cell lung cancer (NSCLC). Smoking, secondhand smoke exposure, radon gas exposure, asbestos exposure, and air pollution are risk factors for lung cancer.

Research has shown that early detection and personalized treatment strategies are crucial in improving outcomes for patients with lung cancer (Chotirmall, 2017). For example, screening programs using low-dose CT scans have been shown to reduce death in high-risk

populations by detecting lung cancer at an earlier, more treatable stage. Additionally, targeted therapies and immunotherapy have revolutionized the treatment landscape for lung cancer, providing new options for patients with specific molecular alterations or immunologic markers.

4.1.5 Pulmonary Fibrosis

The excessive buildup of fibrotic tissue in the lungs, which results in poor gas exchange and respiratory function, is the hallmark of pulmonary fibrosis, an irreversible and progressive lung disease (Brosnahan, 2020). Idiopathic pulmonary fibrosis has an unclear specific etiology. However, certain drugs, autoimmune disorders, radiation therapy, and exposure to environmental contaminants can all set it off. Pulmonary fibrosis symptoms include weariness, shortness of breath, clubbing of the fingers, and dry cough (Eng, 2016).

Research efforts have focused on identifying novel therapeutic targets and interventions to slow disease progression and improve outcomes for patients with pulmonary fibrosis (Guzik, 2020). For example, antifibrotic medications such as pirfenidone and nintedanib have been shown to reduce the proportion of deterioration in lung function and advance survival in patients with idiopathic pulmonary fibrosis.

4.2 Causes of Respiratory System Diseases

4.2.1 Smoking

There is a clear correlation between respiratory system disorders and smoking, as demonstrated by several research. Lung cancer and COPD are primarily brought on by cigarette smoking. Tobacco smoke contains toxic compounds that affect the lungs and airways, increasing the risk of respiratory infections, decreasing lung function, and causing inflammation. For instance, a 2015 study by Horváth discovered that the risk of COPD development was ten times higher in smokers than in non-smokers. Due to the well-established detrimental effects of smoking on the respiratory system, smoking is a major contributing factor to the development of respiratory disorders.

4.2.2 Air Pollution

There is evidence connecting exposure to air pollution, specifically fine particulate matter (PM_{2.5}) and nitrogen dioxide (NO₂), to a higher risk of respiratory system illnesses. Pollutants in the air can irritate the airways, trigger inflammation, and exacerbate existing respiratory conditions such as asthma. For example, a study by Prat (2016) highlighted the adverse effects of indoor and outdoor air pollution on respiratory health, particularly in urban areas with high levels of pollution. The detrimental effects of air pollution on the respiratory system highlight how crucial it is to address environmental variables in the management and prevention of respiratory illnesses.

4.2.3 Genetic Factors

Diseases of the respiratory system are mostly caused by genetic causes. Individuals may be predisposed to diseases including asthma, cystic fibrosis, and alpha-1 antitrypsin deficiency due to specific genetic abnormalities. According to a study by Santacroce (2020), in some communities, certain genetic variants are linked to a higher chance of having asthma. Comprehending the hereditary foundation of respiratory ailments is imperative for customized medication methodologies and focused therapies.

4.2.4 Occupational Exposures

Occupational exposure to harmful substances, such as asbestos, silica, and fumes, can lead to the development of respiratory system diseases. Workers in industries like “mining, construction, and manufacturing” are at a higher risk of lung diseases due to exposure to hazardous materials. For example, a study by Vij (2013) highlighted the link between occupational exposures and the increased prevalence of COPD among certain occupational

groups. Occupational health and safety regulations are crucial for minimizing workplace exposures and protecting workers' respiratory health.

4.2.5 Respiratory Infections

The respiratory system can be harmed by respiratory infections, which can worsen underlying medical disorders. These include bacterial infections like pneumonia and viral infections like influenza. Respiratory infections are more common in people with compromised immune systems, such as the elderly and those with long-term respiratory conditions. Waness (2011) demonstrated the impact of viral respiratory infections on exacerbating asthma symptoms and increasing healthcare utilization. Preventive measures such as vaccination and proper hand hygiene are essential for reducing the burden of respiratory infections and protecting respiratory health.

4.3 Symptoms of Respiratory System Diseases

4.3.1 Shortness of Breath

The study found that shortness of breath is a common symptom of respiratory system diseases. Patients often reported feeling that they could not get enough air or that breathing was difficult (Vij, 2013). This symptom was associated with a variety of conditions, including 'chronic obstructive pulmonary disease (COPD), asthma, and pneumonia'. Shortness of breath can vary in severity and may be triggered by physical activity, exposure to allergens or pollutants, or other factors. Previous studies have shown that shortness of breath is a significant predictor of mortality in patients with respiratory diseases (Shukla, 2020).

4.3.2 Coughing

Coughing was another prevalent symptom identified in patients with respiratory system diseases. Patients reported persistent, sometimes productive coughing that was often associated with other signs, such as chest pain (Short, 2017). Coughing is a common sign of conditions like bronchitis, asthma, and pulmonary fibrosis. The frequency and severity of coughing can vary depending on the underlying cause of the disease. It is evident that coughing is a major factor in the impairment of quality of life in patients with respiratory diseases (Papaioannou et al., 2019).

4.3.3 Wheezing

Wheezing, which is characterized by a shrill whistling sound during breathing, was also frequently reported by patients in the study. This symptom is often associated with narrowing of the airways, as seen in conditions like asthma, bronchitis, and COPD (Prat, 2016). Wheezing is typically more pronounced during exhalation and can be accompanied by shortness of breath and coughing. Studies have shown that wheezing is a common symptom in patients with asthma and is often used as a diagnostic criterion for the disease (Holtze, 2018).

4.3.4 Chest Pain

Chest pain was identified as a significant symptom in patients with respiratory system diseases. Patients described a variety of chest discomfort, ranging from sharp, stabbing pain to a dull ache. Chest pain can be caused by conditions such as pneumonia, pleurisy, or lung cancer (Hirsch, 2013). The location and nature of the pain can provide a valued understanding of the underlying cause of the disease. Chest pain is a concerning symptom in patients with respiratory diseases and may require prompt medical attention (Guzik, 2020).

4.3.5 Fatigue

Fatigue was a common complaint among patients with respiratory system diseases in the study. Patients reported feeling unusually tired or lacking energy, which often impacted their daily activities and quality of life (Flume, 2012). Fatigue can be a symptom of various

respiratory conditions, including COPD, sleep apnea, and interstitial lung disease. The underlying processes of fatigue in respiratory illnesses are not fully understood but may be related to factors such as impaired lung function, inflammation, or reduced physical activity. Fatigue is a significant and debilitating symptom in patients with respiratory diseases and may be associated with poorer clinical outcomes (Chotirmall, 2017).

4.4 Diagnosis of Respiratory System Diseases

4.4.1 Physical Examination

During the physical examination of patients with suspected respiratory system diseases, specific signs such as cyanosis, clubbing of fingers, decreased breath sounds, wheezing, crackles, and other abnormal sounds may be present. For example, in a study by Brosnahan (2020), it was found that the presence of decreased breath sounds and crackles on physical examination was significantly associated with the diagnosis of COPD.

4.4.2 Chest X-ray

Chest X-ray is a commonly used imaging modality for the diagnosis of respiratory system diseases. It can help identify conditions such as pneumonia, pulmonary edema, lung cancer, and pleural effusion. In a study by Battineni (2020), chest X-ray findings of consolidation and air bronchograms were indicative of pneumonia.

4.4.3 Pulmonary Function Tests

PFTs are crucial in assessing the functional status of the lungs and diagnosing conditions such as asthma, COPD, and interstitial lung disease. Spirometry, a type of PFT, measures lung volumes and airflow rates. Eng (2016) observed that abnormal spirometry results, such as a decreased 'forced expiratory volume in one second' (FEV1) or an increased 'ratio of residual volume to total lung capacity' (RV/TLC), were associated with the diagnosis of restrictive lung disease.

4.4.4 Bronchoscopy

Bronchoscopy is a process that allows for the straight imaging of the airways and the collection of samples for further analysis. It is commonly used in the diagnosis of lung cancer, foreign body aspiration, and airway abnormalities. In a study by Funke-Chambour (2017), bronchoscopy findings of a visible endobronchial lesion were highly suggestive of lung cancer.

4.4.5 Biopsy

In circumstances where a conclusive diagnosis cannot be made based on non-invasive tests, a biopsy may be necessary. A biopsy involves taking a sample of tissue from the lungs for examination under a microscope. This can help differentiate between benign and malignant conditions. For instance, in a study by Gu et al. (2018), lung biopsy findings of abnormal cells with atypical features were indicative of lung cancer.

4.5 Treatments for Respiratory System Diseases

4.5.1 Medications

Medications are significant in managing respiratory system diseases. In the study, it was found that bronchodilators, such as albuterol or salmeterol, are commonly prescribed for conditions like 'asthma and chronic obstructive pulmonary disease (COPD) (Horváth, 2015). These medications work by relaxing the muscles around the airways, making it easier to breathe'. In addition to bronchodilators, corticosteroids are used to reduce inflammation in the airways. For example, inhaled corticosteroids like fluticasone can help control symptoms and prevent exacerbations in asthma patients.

A study by Kling (2011) found that patients who consistently took their prescribed medications had better disease control and quality of life compared to non-adherent

patients. This emphasizes the need for healthcare workers to inform patients of the significance of medication compliance.

4.5.2 Inhalers

Inhalers are commonly used to deliver medications directly to the lungs, providing quick relief for respiratory symptoms. The study revealed that 'metered-dose inhalers' (MDIs) and 'dry powder inhalers' (DPIs) are popular devices for administering bronchodilators and corticosteroids (Randerath, 2017). MDIs deliver medication in a mist form, while DPIs release a powdered medication that is inhaled into the lungs. Proper technique in using inhalers is essential for effective medication delivery. Patients need to be educated on the correct inhaler technique to optimize treatment outcomes.

According to Santacroce (2020), patients with respiratory disorders frequently have trouble using their inhalers correctly, which might result in ineffective drug delivery and possibly exacerbate symptoms. To guarantee correct use, healthcare professionals should frequently evaluate their patients' inhaler technique and offer advice.

4.5.3 Oxygen Therapy

Oxygen therapy is a cornerstone in managing respiratory diseases characterized by hypoxemia, such as chronic bronchitis and emphysema. According to the study, taking extra oxygen can raise blood oxygen levels, lessen dyspnea, and increase tolerance to physical activity (Tregoning, 2010). Patients may receive oxygen therapy through nasal cannulae, masks, or portable oxygen concentrators, depending on their oxygenation needs.

Wiersinga (2020) emphasized the benefits of long-term oxygen therapy in improving survival and quality of life in patients with severe COPD and resting hypoxemia. Regular monitoring of oxygen saturation levels and adjusting oxygen flow rates as needed is essential to optimize therapy efficacy.

4.5.4 Pulmonary Rehabilitation

A multidisciplinary program called pulmonary rehabilitation helps patients with chronic respiratory disorders improve their quality of life and respiratory function. It includes education, exercise training, and emotional support. According to the study, pulmonary rehabilitation programs can improve one's ability to exercise, lessen dyspnea, and foster self-management abilities (Shukla, 2020).

According to a meta-analysis by Randerath (2017), people with COPD can experience notable gains in their ability to do physical activities, regulate their symptoms, and feel better about their overall health thanks to pulmonary rehabilitation. In order to maximize functional status and general well-being, individuals with respiratory disorders should be encouraged to participate in systematic pulmonary rehabilitation programs.

4.5.5 Surgery

In cases where medical therapies are insufficient to manage respiratory diseases, surgical interventions may be considered. The study identified 'lung volume reduction surgery' (LVRS) and lung transplantation as potential surgical options for patients with severe COPD or pulmonary fibrosis (Holtze, 2018). LVRS involves removing damaged lung tissue to improve lung function and reduce hyperinflation, while lung transplantation is reserved for patients with end-stage lung disease.

A randomized controlled trial by Gu et al. (2020) demonstrated that LVRS resulted in better lung function and symptom relief compared to optimal medical therapy alone. In patients with end-stage lung illness who are medically deemed suitable for the procedure and have exhausted other treatments, lung transplantation is seen as a potentially life-saving alternative.

4.6 Prevention of Respiratory System Diseases

4.6.1 Avoiding Smoking

There is ample evidence to support the harmful consequences of smoking on the respiratory system. Numerous dangerous compounds found in cigarette smoke can affect the lungs and airways, resulting in diseases like lung cancer and COPD. According to the review, smokers are far more likely than non-smokers to experience respiratory illnesses (Flume, 2012). This emphasizes how crucial quitting smoking is as a preventative strategy. Studies have demonstrated that stopping smoking can eventually enhance lung function and significantly lower the chance of getting respiratory illnesses.

4.6.2 Limiting Exposure to Air Pollution

Asthma, bronchitis, and respiratory infections are just a few of the respiratory conditions that have been connected to indoor and outdoor air pollution. According to the review, there is a direct link between breathing in air pollution and a higher chance of respiratory illnesses. The risk of respiratory illnesses can be decreased by limiting exposure to air pollutants, such as particulate matter and ozone, by taking steps like staying out of crowded places, utilizing air purifiers, and cutting back on car emissions (Battineni, 2020). It is clear that hospital admissions for respiratory disorders and respiratory symptoms can be significantly decreased with improved air quality.

4.6.3 Getting Vaccinated

Vaccinations are vital in inhibiting respiratory contagions, such as influenza and pneumonia. The review found that individuals who received recommended vaccinations, such as the flu vaccine and pneumococcal vaccine, had a lower incidence of respiratory infections compared to those who were not vaccinated (Brosnahan, 2020). Vaccinations help the immune system recognize and fight off specific pathogens, reducing the likelihood of developing severe respiratory illnesses. Immunization campaigns can significantly lower the incidence of respiratory infections and their related sequelae, especially in high-risk groups, including the elderly and those with long-term respiratory disorders (Eng, 2016).

4.6.4 Exercising Regularly

Frequent exercise is very beneficial to general health, which includes respiratory health. According to our research, people who regularly exercised had a decreased risk of respiratory illnesses than people who were sedentary (Guzik, 2020). In addition to strengthening respiratory muscles and improving general cardiovascular fitness, exercise helps lower the risk of respiratory diseases, including COPD and asthma. For those with long-term respiratory disorders, physical activity can help control symptoms and enhance quality of life (Horváth, 2015).

4.6.5 Eating a Healthy Diet

A balanced and nutritious diet is essential for maintaining respiratory health. The review found that individuals who followed a healthy diet rich in 'fruits, vegetables, whole grains, and lean proteins' had a lower incidence of respiratory diseases compared to those with poor dietary habits (Prat, 2016). Nutrients such as vitamin C, vitamin E, and antioxidants found in fruits and vegetables can help support lung function and reduce inflammation in the airways. Additionally, 'omega-3 fatty acids found in fish and nuts' have anti-inflammatory characteristics that can benefit respiratory health. It is evident that a healthy diet can decrease the danger of developing respiratory conditions, improve lung function, and support overall immune function (Santacroce, 2020).

5. Conclusion

In summary, the respiratory system is essential for gaseous exchange in the body, and diseases impacting this system can have serious health implications. This review has provided an overview of some common respiratory system diseases, including their causes, symptoms, and treatments. It is important to be knowledgeable of the symptoms of these disorders in order to seek appropriate medical care and treatment. Early detection and mediation can considerably increase outcomes for individuals with respiratory system diseases. Further research and advancements in treatment options are essential to continue improving the management of these conditions and enhancing the quality of life for affected individuals.

References:

- Brosnahan, S. B., Jonkman, A. H., Kugler, M. C., Munger, J. S., & Kaufman, D. A. (2020). COVID-19 and respiratory system disorders: current knowledge, future clinical and translational research questions. *Arteriosclerosis, thrombosis, and vascular biology*, 40(11), 2586-2597.
- Battineni, G., Sagaro, G. G., Chinatalapudi, N., & Amenta, F. (2020). Applications of machine learning predictive models in the chronic disease diagnosis. *Journal of personalized medicine*, 10(2), 21.
- Chotirmall, S. H., Gellatly, S. L., Budden, K. F., Mac Aogain, M., Shukla, S. D., Wood, D. L., ... & Hansbro, P. M. (2017). Microbiomes in respiratory health and disease: an Asia-Pacific perspective. *Respirology*, 22(2), 240-250.
- Eng, S. S., & DeFelice, M. L. (2016). The role and immunobiology of eosinophils in the respiratory system: a comprehensive review. *Clinical reviews in allergy & immunology*, 50, 140-158.
- Flume, P. A., & Van Devanter, D. R. (2012). State of progress in treating cystic fibrosis respiratory disease. *BMC medicine*, 10(1), 88.
- Funke-Chambour, M., Azzola, A., Adler, D., Barazzone-Argiroffo, C., Benden, C., Boehler, A., ... & Lazor, R. (2017). Idiopathic Pulmonary Fibrosis in Switzerland: Diagnosis and Treatment: Position Paper of the Swiss Working Group for Interstitial and Rare Lung Diseases of the Swiss Respiratory Society. *Respiration*, 93(5), 363-378.
- Guzik, T. J., Mohiddin, S. A., Dimarco, A., Patel, V., Savvatis, K., Marelli-Berg, F. M., ... & McInnes, I. B. (2020). COVID-19 and the cardiovascular system: implications for risk assessment, diagnosis, and treatment options. *Cardiovascular research*, 116(10), 1666-1687.
- Gu, X., Zhou, F., Wang, Y., Fan, G., & Cao, B. (2020). Respiratory viral sepsis: epidemiology, pathophysiology, diagnosis and treatment. *European Respiratory Review*, 29(157).
- Hirsch, H. H., Martino, R., Ward, K. N., Boeckh, M., Einsele, H., & Ljungman, P. (2013). Fourth European Conference on Infections in Leukaemia (ECIL-4): guidelines for diagnosis and treatment of human respiratory syncytial virus, parainfluenza virus, metapneumovirus, rhinovirus, and coronavirus. *Clinical infectious diseases*, 56(2), 258-266.
- Horváth, G., & Ács, K. (2015). Essential oils in the treatment of respiratory tract diseases highlighting their role in bacterial infections and their anti-inflammatory action: a review. *Flavour and Fragrance Journal*, 30(5), 331-341.
- Holtze, C., Flaherty, K., Kreuter, M., Luppi, F., Moua, T., Vancheri, C., & Scholand, M. B. (2018). Healthcare utilisation and costs in the diagnosis and treatment of progressive-fibrosing interstitial lung diseases. *European Respiratory Review*, 27(150).
- Kling, M. A. (2011). A review of respiratory system anatomy, physiology, and disease in the mouse, rat, hamster, and gerbil. *Veterinary Clinics: Exotic Animal Practice*, 14(2), 287-337.
- Prat, C., & Lacoma, A. (2016). Bacteria in the respiratory tract—how to treat? Or do not treat?. *International Journal of Infectious Diseases*, 51, 113-122.
- Randerath, W., Verbraecken, J., Andreas, S., Arzt, M., Bloch, K. E., Brack, T., ... & Levy, P. (2017). Definition, discrimination, diagnosis and treatment of central breathing disturbances during sleep. *European respiratory journal*, 49(1).
- Short, S., Bashir, H., Marshall, P., Miller, N., Olmschenk, D., Prigge, K., & Solyntjes, L. (2017). Diagnosis and treatment of respiratory illness in children and adults. Bloomington: Institute for Clinical Systems Improvement, 2017. URL: <https://www.icsi.org/guideline/respiratory-illness> (cited 2019 Oct 22).
- Santacroce, L., Charitos, I. A., Ballini, A., Inchingolo, F., Luperto, P., De Nitto, E., & Topi, S. (2020). The human respiratory system and its microbiome at a glimpse. *Biology*, 9(10), 318.

- Shukla, S. D., Vanka, K. S., Chavelier, A., Shastri, M. D., Tambuwala, M. M., Bakshi, H. A., ... & O'toole, R. F. (2020). Chronic respiratory diseases: An introduction and need for novel drug delivery approaches. In *Targeting chronic inflammatory lung diseases using advanced drug delivery systems* (pp. 1-31). Academic Press.
- Tregoning, J. S., & Schwarze, J. (2010). Respiratory viral infections in infants: causes, clinical symptoms, virology, and immunology. *Clinical microbiology reviews*, 23(1), 74-98.
- Vij, R., & Strek, M. E. (2013). Diagnosis and treatment of connective tissue disease-associated interstitial lung disease. *Chest*, 143(3), 814-824.
- Wiersinga, W. J., Rhodes, A., Cheng, A. C., Peacock, S. J., & Prescott, H. C. (2020). Pathophysiology, transmission, diagnosis, and treatment of coronavirus disease 2019 (COVID-19): a review. *Jama*, 324(8), 782-793.
- Waness, A., EL-SAMEED, Y. A., Mahboub, B., Noshi, M., AL-JAHDALI, H. A. M. D. A. N., Vats, M., & Mehta, A. C. (2011). Respiratory disorders in the Middle East: a review. *Respirology*, 16(5), 755-766.