

Clearing mucus from your lungs and expanding collapsed lungs: Essential techniques

Domin Ayton*

Introduction

Maintaining healthy lung function is vital for overall well-being, as the lungs play a crucial role in oxygen exchange and respiratory health. Conditions such as excessive mucus build-up or lung collapse can hinder proper breathing and lead to discomfort. This article outlines effective techniques to clear mucus from your lungs and methods to expand collapsed lungs, promoting optimal respiratory function.

Description

Clearing mucus from your lungs requires adequate hydration is essential for maintaining thin mucus consistency, making it easier to cough up and clear from your lungs. Aim to drink plenty of water throughout the day. Inhaling steam from a bowl of hot water can help moisten and loosen mucus in your airways. Add a few drops of eucalyptus oil for added benefits. Cover your head and the bowl with a towel and inhale deeply. A humidifier can add moisture to the air, helping to prevent dryness in your airways and promoting easier mucus clearance. Perform controlled coughing: Take a deep breath, hold it for a few seconds, and then cough forcefully. This technique helps move mucus up from your lungs, making it easier to expel. With guidance from a healthcare professional, you can use specific body positions to help drain mucus from your lungs. Combine this with gentle tapping or percussion on your chest to further facilitate mucus movement. Deep breathing exercises can help expand your lungs and improve airway clearance. Practicing diaphragmatic breathing and pursed-lip breathing techniques can be particularly effective.¹

Over-the-Counter Mucus-Reducing Medications: Certain over-the-counter medications, like guaifenesin, can help thin mucus, making it easier to clear from your lungs. In cases of a collapsed lung (pneumothorax), immediate medical attention is essential. Treatment typically involves the insertion of a chest tube to remove air or excess fluid from the pleural space, allowing the lung to re-expand. In situations where fluid accumulation is causing lung collapse (pleural effusion), a thoracentesis may be performed. This involves inserting

a needle or catheter into the pleural space to drain excess fluid. Positive Pressure Ventilation: In severe cases of lung collapse, positive pressure ventilation may be used to re-inflate the affected lung. This involves using a mechanical ventilator to deliver positive pressure air into the lungs.²

Chest Physiotherapy: A respiratory therapist may use techniques like chest percussion and postural drainage to facilitate lung expansion. These methods can help move air and mucus within the lungs, aiding in re-inflation. Surgery: In some cases, especially if there are recurrent instances of lung collapse, surgery may be necessary. Procedures like pleurodesis, where a substance is introduced to create adhesions between the lung and chest wall, can help prevent future collapses.^{3,4}

Conclusion

Maintaining healthy lung function is essential for overall well-being and quality of life. By employing techniques to clear excess mucus from your lungs and seeking appropriate treatment for collapsed lungs, you can promote optimal respiratory health. Always consult with a healthcare professional for personalized advice and to ensure that any techniques or treatments are suitable for your specific situation. Early intervention and proper care are key in ensuring the best outcomes for respiratory health.

Acknowledgement

The Authors are very thankful and honoured to publish this article in the respective Journal and are also very great full to the reviewers for their positive response to this article publication.

Conflict of Interest

We have no conflict of interests to disclose and the manuscript has been read and approved by all named authors.

References

1. Albert RK. The role of ventilation-induced surfactant dysfunction and atelectasis in causing acute respiratory distress syndrome. *Am J Respir Crit Care Med* 2012; 185:702–708.
2. Bachofen H, Schürch S, Urbinelli M, et al. Relations among alveolar surface tension, surface area, volume, and recoil pressure. *J Appl Physiol* 1987; 62:1878–1887.

Department of Pulmonology, University of Latvia, Latvia
Corresponding author: Domin Ayton
e-mail: ayton97@gmail.com

Received: 01-August-2023; **Manuscript No:** ajrm-23-115627; **Editor assigned:** 03-August-2023; **PreQC No:** ajrm-23-115627 (PQ); **Reviewed:** 17-August-2023; **QC No:** ajrm-23-115627; **Revised:** 22-August-2023; **Manuscript No:** ajrm-23-115627 (R); **Published:** 29-August-2023; **DOI:** 10.54931/1747-5597.23.18.99

Short Communication

3. Bastacky J, Lee CYC, Goerke J, et al. Alveolar lining layer is thin and continuous: Low-temperature scanning electron microscopy of rat lung. *J Appl Physiol* 1995; 79:1615–1628.
4. Dreyfuss D, Saumon G. Ventilator-induced lung injury: Lessons from experimental studies. *Am J Respir Crit Care Med* 1998; 157:294–323.