



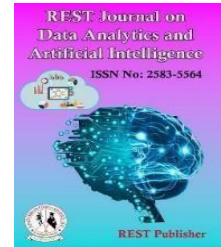
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A Study on the Pulmonary Illness Found Amongst the People Who Already Had Pre-Existing Problems Prior to Relocation or Migration

*Vinisha Lawrence, Munnu Prasad V

JAIN (Deemed-to-be-University), Whitefield Campus, Bengaluru, India.

*Corresponding author: vinilawrence71@gmail.com

Abstract: *Research Purpose: Being able to perform functions and live life without any certain health issues is the epitome purpose of life. But, having a pre-existing pulmonary condition plays a major role in the health prospectus of an individual by making him or her incapable to perform daily tasks. It has been found that after migration they undergo various factors which directly impact their day-to-day functions. Methodology: The secondary information was used the study, the keyword search on 'Pulmonary Illness' 'relocation issue' Post relocation or migration' searched in Google Scholar, PubMed, Research gate and other search sites. Ten primary, personal interviews that had been conducted by judge mental & Convenient sampling in order to gather the information. Significant Results: The knowledge gathered through the information provided revealed that the people with pre-existing pulmonary illnesses suffer a lot after migrating or relocating to another place with different environment and surroundings. Issues like smoking pollution, pollution emitted by vehicles and exposure to other particulate matter. Implication: This study focused on how the factors plays a major role in worsening the pre-existing conditions of the pulmonary ill people after relocation and migration. Hence, proper evaluation of the factors prior to relocation or migration is very essential to be kept in considerations.*

Keywords: Pulmonary Condition, Pre-existing Pulmonary Illnesses, Migrating, Relocation, Prior

1. INTRODUCTION

Lungs are known as pulmonary organs of the body. They help to perform exchange of gases with deals with expiration and inspiration, if their capability has been reduced then that is due to an underlying condition. This underlying condition is due to a disease or an illness, which is also termed as pulmonary illness. Pulmonary illness is a diseased condition that impacts the lungs and the respiratory system by making them incapable to function properly and efficiently. It is not just restricted to a certain age rather it can be faced since childhood to old age. The adequate efficacy of lungs is reduced up to that certain level which makes them incompetent to perform their daily activities. The nearing tissues and muscles of the pulmonary region gets constricted, making the individual incapacitated to perform the respiration properly. This finally leads to various problems for performing daily activities to live a healthy life. The knowledge of the diseases related to pulmonary illness has become of prime importance because of the hardships faced by the sufferers. Generally, the most common diseases associated with the pulmonary illness are COPD (Chronic Obstructive Pulmonary Disease), Pneumoconiosis, asthma, pneumonia and bronchitis. The diseases which majorly affects the airways and other structures of the lungs are known as chronic respiratory diseases (CRDs). Mostly these are incurable; however, their symptoms can be reduced with proper treatments and rehabilitation making the life easier to live off with them. Most common of them are COPD, asthma and occupational diseases. With certain adjustments in the lives, these diseases can be controlled without getting critical. Proper breathing exercise, abstinence from smoking and allergens are some of precautionary measures which are meant to be kept in order to avoid getting severe. After migration from one place to another, initially these people face problems regarding to their pre-existing disease due to many factors such as the amount of air pollution they are exposed with, exposure to smoking and particulate matters. Other causes are due to sudden fluctuation in the temperature and the level of humidity. Dyspnea,

or shortness of breath is the common primary symptom along with chronic cough endured by them just after locating to another place. Often people with these underlying diseases neglect dyspnea as their primary symptom unless it becomes severe which leads to various difficulties in their day-to-day performances. This mustn't be neglected rather one must visit the healthcare professional even though they have a non-severe condition to get the treatment and proper diagnosis of the underlying condition with could rather become severe and life-threatening.

2. REVIEW OF LITERATURE

The increase in respiratory illnesses have become a most significant cause of deaths around the world due to its severity. The major death cases of pulmonary illness are due to COPD (Chronic Obstructive Pulmonary Disease) and asthma (Bayram et al., 2023). The countless changes faced due to relocations speculates that the increase in air quality and pollution plays a major role in decreasing the lung capacity of the weak pulmonary people (u et al., 2001). These have escalated the fatality and severity amongst them especially whenever they shift to some or the other place (Goodridge et al., 2010). According to Edwards et al (2022) the range of air pollution doesn't matter much as this is quite unclear on how it impacts the body after relocation and more study is being required for the same. The strategy applied by Liang et al (2019), measured the everyday concentration of the air pollutions to which the subjects are exposed with in seven cities of China. With the coalition of GARD (Global Alliance against chronic respiratory disease) in Beijing, 2006 by the WHO, scientific communities and patient's organisation came with a generalized approach in order to take necessary action which reduce and prevent the mishaps (D'amato et al., 2015). With the elevation in the accumulation of ozone and particulate matter pollution in India, certainly a high surge in morbidity and mortality was observed. This led to the implementation of the necessary actions by the government of India which could control and reduce the increased air pollution (Pandey et al., 2021).

3. RESEARCH METHODOLOGY

Statement of Problem: The pulmonary illness was found with amongst, where the problem of relocation or migration will lead for illness with pre-existing issues.

Type of research: The study uses the concept of review methodology to understand and analyse the issues.

Sampling type and size: In order to perceive the knowledge for the study, judge mental and convenient sampling are the methodology used. Ten samples were used for the study purpose.

Type of data: Primary data: Personal interview Secondary data: For the exploration, published research articles and review articles from various literature and academic resources were being gathered.

Objectives: This study aims to provide the knowledge on the problems faced by pulmonary ill people after relocation or migration.

Limitations: The study was done on ten different people with different age groups but had the underlying pulmonary illnesses. The literature was gathered through Google Scholar, PubMed, Research gate and ATS Journal. It is limited to time period – September 2024. Geographical limited to Whitefield, Bengaluru – urban.

4. DISCUSSION AND ANALYSIS

In accordance to the different cases which I had gathered,

Case 1: After migration to another state, Sophia (name changed) faced frequent dyspnea and nose bleeds which elevated her case of asthma. Earlier, she uses to rarely get such symptoms and was living a normal life; but after shifting she got in contact with a lot of pollution emitted by vehicles and smoking.

Case 2: Another girl named Barbara (name changed) 23, migrated for her studies. During her course, her bronchiectasis got triggered up to the extent that she had to move back to her native place for her treatment. The place where she shifted had much humidity which led to increase sputum production, throat irritation and several other issues. She was then hospitalized due to the severity of her case, later moved back to her native place. There she received treatment and was getting better day by day. After her complete treatment, she returned back for continuation of her studies but she faced several issues again.

Case 3: Adrian (name changed) 21, moved for his bachelor's program. He had pulmonary eosinophilia (refers to diseases caused due to abnormal increased number of eosinophils in the lungs). He had been advised to depend on the inhaler to control his symptoms as a primary treatment. During the initial days after he moved for the study, he started

to develop some issues but with proper treatment his condition started to get better and he was able to adjust with the environment around him. Though he had to suffer a bit but the symptoms were quite manageable for him.

Case 4: Mrs. Smith (name changed) 67, relocated with her daughter due to her job. She had developed COPD since a long time; her symptoms were mild with less hospital visits. After relocation, her symptoms advanced and she started to have frequent hospital visits. Soon the symptoms became too advanced that she had to be hospitalized and after months of recovery along with lifestyle changes, she was able to get healed. But this relocation made her life impossible to live at ease.

Case 5: Cindy (name changed) 29, had childhood asthma with mild symptoms. She relocated after being married. In her case, the symptoms slightly increased which later got manageable. She stated that with the changes she made in her lifestyle along with her asthma action plan suggested by the doctor made it possible for her to overcome the severity.

Case 6: Martha (name changed) 20, developed allergic asthma after visiting to a certain place. After that she got treated at her hometown. Earlier she used to travel a lot due to her father's transferable job, but the primary symptoms were somewhat ignored which eventually led her to develop asthma. This restricted her in travelling frequently.

Case 7: Mr. John (name changed) 48, developed pneumonia after relocation. He had a history of smoking which according to the doctor made him more vulnerable in developing pneumonia. The place where he relocated was humid and near to the highway. His health suddenly started to deteriorate and was immediately hospitalized. After being treated in the intensive care unit for a few days his health started to get better. But due to his history, he eventually is very prone to develop other pulmonary illnesses.

Case 8: Jordan (name changed) 25, developed bronchitis after relocating due to his job. This place generally receives a lot of rain compared to the region where he comes from. Due to his schedule, he was exposed with many pollutants and the rain. All of these led to bronchitis for which he had been treated for a long time.

Case 9: Sara (name changed) 17, had to move to another place for her further education. She has childhood asthma. According to her the symptoms remained same or manageable even after shifting to another environment. Her case was not so severe with mild symptoms and she has adapted to live a better life with general precautions.

Case 10: Josephine (name changed) 19, moved for her bachelor's program. She developed bronchitis just after a month, her place of stay was near to a small factory and had seepage on the walls. Due to this her health started to fall making her ill. She had been treated thereafter and later shifted to another place away from the area.

According to Mirsaeidi et al (2016), the drastic changes in the climate leads to sudden health decline especially in the people with pre-existing diseases.

There are studies which started to centre on exposome research that includes the whole linkage of the health outcomes. This also found that the whole process of relocation is not arbitrary and needs to be carefully examined (Saucy, et al., 2023). According to the studies done by Ma and Nagamatsu (2023), they have found that the CBPR (community-based pulmonary rehabilitation) program had aided too much improvement in the lives of pulmonary ill patients especially to that of pneumoconiosis patients.

5. CONCLUSION

With the different cases, I concluded that most of the people who already had an underlying disease condition (like asthma) are subjected to face problems just after migration. Majority of them complained that their symptoms started to advance as soon as they were exposed with various environmental factors and conditional lifestyles. Primarily, with all the literature I have gone through can be concluded that there is more than just one factor after the migration or relocation which impacts the overall health status of an individual. McConnell et al (1999) found that the asthmatic children are at certainty of developing lower respiratory tract infection once exposed to air pollution. The pre-existing diseases have been gradually found to lead for a poor long-term outcome, given by Wang and Bourbeau (2005) people with COPD are likely to suffer more. In Indonesia, the people were suffering a lot due to smoking and motor vehicle emission. Even though they did inhale the pollutant gases from the factory, the impact was less (Mangunegoro and Sutoyo, 1996). The meeting of daily amendments is the ground cause of concern after migration which causes the lack of proper treatment and severity of diseases (Cheikh et al., 2020). According to Luks et al., 2007 those with underlying diseases when travel to a high-altitude may suffer but they can also prevent this by taking precautionary measures.

6. SUGGESTIONS

Until now, only the pulmonary rehabilitation with necessary lifestyle changes are the known measures that can be taken into action for proper prevention. Further more research is yet to be acquired in order to completely understand the various factors which impacts a person having any pre-existing pulmonary conditions after relocation

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