



Vijai Sharma

CHRONIC OBSTRUCTIVE
PULMONARY DISORDER
(COPD)

“With the love and prayer in my heart, here is my message to all my COPD friends: regardless of the severity of your COPD, never give up!”

I was diagnosed with emphysema in 1994 at age 53. Based on the pulmonary function test readings, my pulmonologist said that my lungs looked as though they were those of a 76-year-old man. It was quite a come down for someone who was used to hearing, “You look like you are not over 40,” to be told, “Your lungs look like you are 76.” My doctor also told me that emphysema is a horrible, progressive, and irreversible disease. It was a diagnostic shock all right!

My usual optimistic attitude surrendered to pessimism. Even though I was a clinical psychologist and helped others with emotional troubles, in the first 12 to 18 months, I experienced high emotional stress that often bordered on clinical anxiety and depression. My use of medication escalated. I went from taking two to three puffs twice a day from each Atrovent and Albuterol inhaler, to taking these puffs four times a day or more if needed. Just moving about the house would render me breathless. Exercise of even mild intensity seemed out of question.

One Sunday afternoon, two longtime friends dropped by my home. They were husband and wife, both respiratory therapists. They asked me to consider lung rehabilitation. However, there was no pulmonary rehabilitation program anywhere nearby. So, I decided to create my own rehabilitation program.

I slowly increased the duration of my walking, and selected specific exercises to strengthen my arms, legs, abdomen, and chest. I focused on making my diaphragm and ribcage more flexible and strong. I began to do yoga postures and breathing exercises. I lifted light weights, and I joined a gym. It was a tough fight to get a handle on shortness of breath, excessive fatigue, and the psychological demons of worries, fears, and hopelessness.

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CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)

The most important risk factor for COPD in the United States is cigarette smoking. Other factors, including occupational or environmental exposures to dusts, gases, vapors, biomass smoke, malnutrition, early life infections, recurrent respiratory infections, genetic predisposition, increased airways responsiveness, and asthma may be important in many individuals.

- The best known genetic risk factor for COPD is alpha-1 antitrypsin deficiency. Alpha-1 antitrypsin is a special protein that protects the lungs from enzymes known as proteases.
- COPD is diagnosed using a medical device called a spirometer, which measures air volume and flow, the main components of common clinical breathing tests.

Learn more: American Thoracic Society. Breathing in America: Diseases, Progress, and Hope. New York, NY. 2010. thoracic.org/education/breathing-in-america

When I first walked on the treadmill, I couldn't last longer than three minutes. So, my goal became breaking the three minute barrier. I learned to pace the treadmill speed with my breathing. I also learned to maintain abdominal breathing with active exhalation during the entire time of the exercise. Today—on a good day—I can stay on treadmill for 30 to 45 minutes!

Sticking doggedly to my personal rehabilitation program for the past 15 years has been the best thing I have ever done for myself. Yogic postures and breathing techniques and a variety of other exercises have helped me a great deal in maintaining my lung function, increasing my exercise capacity, and managing my stress level.

With the love and prayer in my heart, here is my message to all my COPD friends: regardless of the severity of your COPD, never give up! Continue trying to improve the capacity you have. You may not see a change in your spirometry numbers, but you can learn to breathe more efficiently and correctly. You can hope to be able to do more with the breathing capacity you have!

Vijai Sharma, PhD, was a patient speaker at the ATS 2012 International Conference in San Francisco.