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RESPIRATORY AILMENTS

If you think the "drug approach" to respiratory problems is the best way to go, read the following excerpt from an FDA Letter:

"The evidence for use of anti-viral drugs to treat influenza is based principally on studies in patients with uncomplicated influenza. There is not clear evidence for safety and efficacy in persons with underlying respiratory or cardiac diseases, or in persons with complications of an acute influenza episode (for example, viral or bacterial pneumonia). Such patients may require extensive supportive and adjunctive care. Anti-viral therapy has not been shown to reduce the need for such care and monitoring.

All health care professionals are encouraged to report any serious adverse event associated with the use of anti-viral drugs for influenza to the FDAÍs MedWatch program at 1-800-FDA-1088 (fax 1-800-FDA-0178), or to the respective pharmaceutical manufacturers:"

My interpretation of this is "WE are the guinea pigs" in an ongoing test of these drugs!

NOTE: Nearly ALL respiratory problems can be helped using a high quality Colloidal Silver, properly administered using a Nebulizer! CS is safe, non-toxic, harmless, and has no side effects! You may be quite surprised with the results! It can even be used in conjunction with other medications and treatments. I am in no way telling you to avoid, or ignore the advice of, your physician. I am merely suggesting that you KNOW and weigh the dangers of the "drugs, chemicals, and side effects" approach against this "harmless natural approach", FIRST, then make your own decisions about how YOU wish to be treated. You have the right to make your own decisions. Don't be "dictated" to! Are you ready to take charge of your OWN respiratory health care? This applies to virtually every health related situation as well.

What You Should Know About. . . Influenza

What is Influenza?
Influenza, also known as "the flu", is a viral infection of the respiratory system, which includes the nose, throat, bronchial tubes and lungs. Influenza viruses are divided into three types, designated A, B, and C. Types A and B are responsible for nearly all of the influenza illness that occurs almost every winter. Infection with type C influenza usually causes either a very mild respiratory illness, or no symptoms at all.

Types A and B are further subdivided into "strains". These are usually named after the geographic location where the strain was first discovered. An example is Influenza A Hong Kong. Different strains have variations in surface markers on the viral particle which are recognized by the human immune system. The influenza virus is able to change these surface markers from year to year through mutation. It is the constant changes in these surface markers which allows the influenza virus to evade the human immune system, and this is why an individual can become ill with influenza each flu season.

When does Influenza occur?
In New Jersey, influenza typically occurs any time between late November through early April. However, the peak season of occurrence is during January and February.

Who gets Influenza?
Anyone can get influenza.

How is Influenza spread?
Influenza is primarily spread from person to person through the air. Virus particles are released into the air through coughing and sneezing of persons who are ill with influenza. Crowded conditions in enclosed spaces provide ideal conditions for the spread of influenza.

What are the symptoms of Influenza?
The symptoms of influenza are primarily fever, headache, sore throat, body aches, and a severe and often prolonged cough. Intestinal symptoms, such as cramps and diarrhea, are uncommon. What is often called "intestinal flu" is not influenza. Influenza symptoms in children are very similar to those symptoms caused by other respiratory viruses. Although most individuals are ill for only a few days to a week, some individuals have a much more serious illness, such as pneumonia, and may need to be hospitalized. Thousands of individuals die each year in the United States from influenza or influenza-related complications.

How soon do the symptoms of Influenza occur?
Symptoms usually start 1 to 3 days after coming into contact with an individual who is ill with influenza.

How is Influenza diagnosed?
Usually a doctor will diagnose a case of influenza based on the typical symptoms of fever, headache, sore throat, body aches, and cough. Specific laboratory tests to confirm influenza are available, but they are costly and take many days to process. By that time, the patient is usually well on the way to recovery.

What is the treatment for Influenza?
Rest and liquids are usually adequate. A prescription drug, either Rimantadine or Amantadine, may be used to try to reduce the severity of symptoms of Influenza A and is effective only if given early in the illness. It is not effective against Influenza B.

When, and for how long, is an infected person able to spread influenza?
The "contagious" period varies, but it probably begins the day before symptoms appear and extends for about one week after the first symptoms appeared.

Should an infected person be excluded from work or school?
Because influenza is spread from person to person through the air, individuals who have an influenza-like illness should remain home until they have recovered from their illness.

How can Influenza be prevented?
Routine immunization against influenza is the most important control measure. The influenza vaccine (flu shot) is available through your personal physician, and through a variety of other health care providers, including many local health departments, visiting nurse associations, and senior citizen centers. When Influenza A is circulating in the community, the prescription drugs Amantadine and Rimantadine may be used to prevent illness. These antiviral agents can prevent, or reducing the severity of symptoms of, illness with Influenza A. Neither is effective against Influenza B. Amantadine and Rimantadine should not be considered a replacement for the influenza vaccine.

What is the Influenza Vaccine?
The influenza vaccine is a killed virus vaccine containing three strains of influenza virus, two of Influenza A, and one of Influenza B. The strain components are changed annually based upon worldwide surveillance of circulating influenza strains.

When should I get the influenza vaccine?
The optimal time to receive the influenza vaccine is mid- September to mid-November. It takes about 2 weeks for the vaccine to develop immunity in the body and provide protection.

Are there any side effects to the influenza vaccine?
Most individuals will experience no side effects from the influenza vaccine. Less than one-third of those who receive the vaccine will have some soreness at the vaccination site, and about 5% to 10% will experience a headache or a mild fever. The most serious side effect that can occur after an influenza vaccination is an allergic reaction in individuals who have a severe allergy to eggs. For that reason, people who have an allergy to eggs should not receive the influenza vaccine.

Who should get the influenza vaccine?
Individuals who are at higher risk of developing influenza related complications, such as pneumonia, are strongly encouraged to receive the influenza vaccine. These individuals are:

1. All individuals 65 years or age or older.
2. Adults and children with long-term heart or lung problems.
3. Residents of nursing homes and other institutions housing patients of any age who have serious long-term health problems.
4. People who have kidney diseases, cystic fibrosis, diabetes, anemia, severe asthma, cancer or immunological disorders and other medical conditions for which they are under the close supervision of a doctor.

Other individuals who are encouraged to receive the influenza vaccine include household contacts of high-risk individuals and health care workers who provide care to high-risk patients.

Finally, anyone who wishes to reduce the likelihood of becoming ill with influenza should receive the influenza vaccine.

Does past infection with influenza make a person immune?
Generally no. Because the influenza virus can change its surface markers to elude the body's immune system, individuals who have had an influenza illness or the influenza vaccine in a previous year may still become infected with a new strain. Because of this, the influenza vaccine should be given each year.

Emphysema

FACTS ABOUT EMPHYSEMA

What Is Emphysema?
Emphysema is a condition in which there is over-inflation of structures in the lungs known as alveoli or air sacs. This over-inflation results from a breakdown of the walls of the alveoli, which causes a decrease in respiratory function (the way the lungs work) and often, breathlessness. Early symptoms of emphysema include shortness of breath and cough.

How Serious Is Emphysema?
Emphysema is a widespread disease of the lungs. In 1987, 2.0 million people in the U.S. had emphysema. It is estimated that 70,000 to 100,000 Americans living today were born with a deficiency of a protein known as alpha l-antitrypsin (AAT) which can lead to an inherited form of emphysema. Emphysema ranks ninth among chronic conditions that contribute to lack of activity: Over 42% of individuals with emphysema report that their daily activities have been limited by the disease. Many of the people with emphysema are older men, but the condition is increasing among women. Males with emphysema outnumber females by 64%..

Causes of Emphysema
It is known from scientific research that the normal lung has a remarkable balance between two classes of chemicals with opposing action. The lung also has a system of elastic fibers. The fibers allow the lungs to expand and contract. When the chemical balance is altered, the lungs lose the ability to protect themselves against the destruction of these elastic fibers. This is what happens in emphysema.

There are a number of reasons this chemical imbalance occurs. Smoking is responsible for 82% of chronic lung disease, including emphysema. Exposure to air pollution is one suspected cause. Irritating fumes and dusts on the job also are thought to be a factor.

A small number of people with emphysema have a rare inherited form of the disease called alpha l-antitrypsin (AAT) deficiency-related emphysema, or early onset emphysema. This form of disease is caused by an inherited lack of a protective protein called alpha l-antitrypsin (AAT).

How Does Emphysema Develop?
Emphysema begins with the destruction of air sacs (alveoli) in the lungs where oxygen from the air is exchanged for carbon dioxide in the blood. The walls of the air sacs are thin and fragile. Damage to the air sacs is irreversible and results in permanent "holes" in the tissues of the lower lungs. As air sacs are destroyed, the lungs are able to transfer less and less oxygen to the bloodstream, causing shortness of breath. The lungs also lose their elasticity. The patient experiences great difficulty exhaling.

Emphysema doesn't develop suddenly- it comes on very gradually. Years of exposure to the irritation of cigarette smoke usually precede the development of emphysema. A person may initially visit the doctor because he or she has begun to feel short of breath during activity or exercise. As the disease progresses, a brief walk can be enough to bring on difficulty in breathing. Some people may have had chronic bronchitis before developing emphysema.

Treatment for Emphysema
Doctors can help persons with emphysema live more comfortably with their disease. The

goal of treatment is to provide relief of symptoms and prevent progression of the disease with a minimum of side effects. The doctor's advice and treatment may include:

Quitting smoking - the single most important factor for maintaining healthy lungs. Bronchodilator drugs (prescription drugs that relax and open up air passages in the lungs) - may be prescribed to treat emphysema if there is a tendency toward airway constriction or tightening. These drugs may be inhaled as aerosol sprays or taken orally. Antibiotics-if you have a bacterial infection, such as pneumococcal pneumonia. Exercise -including breathing exercises to strengthen the muscles used in breathing as part of a pulmonary (the term "pulmonary" refers to the lungs) rehabilitation program to conditon the rest of the body. Treatment-with Alpha l-Proteinase Inhibitor (ALPl) only if a person has AAT deficiency-related emphysema. AlPl is not recommended for those who develop emphysema as a result of cigarette smoking or other environmental factors. Lung transplantation - Some recent reports have been encouraging. Experience at this point in time is limited.

Prevention of Emphysema
Continuing research is being done to find answers to many questions about emphysema, especially about the best ways to prevent the disease. Researchers know that quitting smoking can prevent the occurrence and decrease the progression of emphysema. Other environmental controls can also help prevent the disease. if an individual has emphysema, the doctor will work hard to prevent the disease from getting worse by keeping the patient healthy and clear of any infection. The patient can participate in this prevention effort by following these general health guidelines.

Emphysema is a serious disease. It damages your lungs, and it can damage your heart. See your doctor at the first sign of symptoms. DON'T SMOKE. A majority of those who get emphysema are smokers. Continued smoking makes emphysema worse, especially for those who have AAT deficiency, the inherited form of emphysema. Maintain overall good health habits, which include proper nutrition, adequate sleep, and regular exercise to build up your stamina and resistance to infections. Reduce your exposure to air pollution, which may aggravate symptoms of emphysema. Refer to radio or television weather reports or your local newspaper for information about air quality. On days when the ozone (smog) level is unhealthy, restrict your activity to early morning or evening. When pollution levels are dangerous, remain indoors and stay as comfortable as possible. Consult your doctor at the start of any cold or respiratory injection because infection can make your emphysema symptoms worse. Ask about getting vaccinated against influenza and pneumococcal pneumonia. To receive more information about emphyema, contact your local American Lung Association office (check the white pages of your phone book).

COPD: A Growing Problem
Chronic obstructive pulmonary disease, a term that generally applies to chronic bronchitis and/or emphysema, has increased by a dramatic 87.5 percent between 1970 and 1987. Today, chronic bronchitis and emphysema combined constitute the most common chronic lung disease, affecting 14.8 million people in the U.S. The number of lives claimed by chronic lung disease has increased sharply, too. In 1979, it accounted for about 50,000 deaths. In 1982, the number rose to 59,000, and by 1987, the number of deaths reached 78,000.

Chronic Bronchitis

What Is Chronic Bronchitis?
Bronchitis is an inflammation of the lining of the bronchial tubes. These tubes, the bronchi, connect the windpipe with the lungs. When the bronchi are inflamed and/or infected, less air is able to flow to and from the lungs and a heavy mucus or phlegm is coughed up. This is bronchitis.

Many people suffer a brief attack of acute bronchitis with cough and mucus production when they have severe colds. Acute bronchitis is usually not associated with fever.

Chronic bronchitis is defined by the presence of a mucus-producing cough most days of the month, three months of a year for two successive years without other underlying disease to explain the cough. It may precede or accompany pulmonary emphysema.

What Causes Chronic Bronchitis?
Cigarette smoking is by far the most common cause of chronic bronchitis. The bronchial tubes of people with chronic bronchitis may also have been irritated initially by bacterial or viral infections. Air pollution and industrial dusts are also causes.

Once the bronchial tubes have been irritated over a long period of time, excessive mucus is produced constantly, the lining of the bronchial tubes becomes thickened, an irritating cough develops, air flow may be hampered, and the lungs are endangered. The bronchial tubes then make an ideal breeding place for infections.

Who Gets Chronic Bronchitis?
Chronic bronchitis is estimated to affect 5 percent of the population of the United States. Cough and mucus production are more common among men than women with chronic bronchitis, which is also true of cigarette smoking.

Chronic bronchitis symptoms are also more common among people over 40 than younger individuals. The prevalence of chronic bronchitis is now higher in women than men.

No matter what their occupation or lifestyle, people who smoke cigarettes are those most likely to develop chronic bronchitis. But workers with certain jobs, especially those involving high concentrations of dust and irritating fumes, are also at high risk of developing this disease.

Higher rates of chronic bronchitis are found among coal miners, grain handlers, metal molders, and other workers exposed to dust.

Chronic bronchitis symptoms worsen when atmospheric concentrations of sulfur dioxide and other air pollutants increase. These symptoms are intensified when individuals also smoke.

How Serious Is Chronic Bronchitis?
In 1993, about 13.8 million people suffered from chronic bronchitis. It ranked 6th in prevalence among all chronic conditions and was responsible for 878,000 physicians visits in 1992.

In 1992, 86,974 deaths were certified as due to chronic obstructive pulmonary disease (COPD) and related conditions, ranking as the fourth leading cause of death in the U.S.A. (The term "pulmonary" refers to the lungs.)

Chronic bronchitis is often neglected by individuals until it is in an advanced state, because people mistakenly believe that the disease is not life-threatening. By the time a patient goes to his or her doctor the lungs have frequently been seriously injured. Then the patient may be in danger of developing serious respiratory problems or heart failure.

How Chronic Bronchitis Attacks

Chronic bronchitis doesn't strike suddenly. After a winter cold seems cured, an individual may continue to cough and produce large amounts of mucus for several weeks. Since people who get chronic bronchitis are often smokers, the cough is usually dismissed as only "smoker's cough."

As time goes on, colds become more damaging. Coughing and bringing up phlegm last longer after each cold.

Without realizing it, one begins to take this coughing and mucus production as a matter of course. Soon they are present all the time, before colds, during colds, after colds, all year round. Generally, the cough is worse in the morning and in damp, cold weather. An ounce or more of yellow mucus may be coughed up each day.

Treatment For Chronic Bronchitis

The treatment of chronic bronchitis is primarily aimed at reducing irritation in the bronchial tubes. The discovery of antibiotic drugs has been helpful in treating acute infection associated with chronic bronchitis. However most people with chronic bronchitis do not need to take antibiotics continually.

Bronchodilator drugs may be prescribed to help relax and open up air passages in the lungs, if there is a tendency for these to close up. These drugs may be inhaled as aerosol sprays or taken as pills.

To effectively control chronic bronchitis, it is necessary to eliminate sources of irritation and infection in the nose, throat, mouth, sinuses, and bronchial tubes. This means an individual must avoid polluted air and dusty working conditions and give up smoking. Your local American Lung Association can suggest methods to help you quit smoking.

If the person with chronic bronchitis is exposed to dust and fumes at work, the doctor may suggest changing the work environment. All persons with chronic bronchitis must develop and follow a plan for a healthy lifestyle. Improving one's general health also increases the body's resistance to infections.

What Should You Do If You Have Chronic Bronchitis?

A good health plan for any person with chronic bronchitis should include these rules:

See your doctor or follow your doctor's instructions at the beginning of any cold orrespiratory infection.

Don't smoke! Contact your local American Lung Association at 1-800-LUNG-USA (1-800-586-4872) for information on how to quit smoking.

Follow a nutritious, well-balanced diet, and maintain your ideal body weight.

Get regular exercise daily, without tiring yourself too much.

Ask your doctor about getting vaccinated against influenza and pneumococcal pneumonia.

Avoid exposure to colds and influenza at home or in public, and avoid respiratory irritantssuch as secondhand smoke, dust, and other air pollutants.

COPD: A Growing Problem
Chronic obstructive pulmonary (lung) disease (COPD), a term that generally applies to chronic bronchitis and/or emphysema, has increased by a dramatic 57 percent between 1982 and 1993.

Today, chronic bronchitis and emphysema combined constitute the most common chronic lung disease, affecting 15.8 million people in the U.S.

The number of lives claimed by chronic lung disease has increased sharply, too. In 1979, it accounted for about 50,000 deaths. In 1982, the number rose to 59,000, and by 1992, the number of deaths reached 86,974.

PNEUMONIA

What Is Pneumonia?
Pneumonia is a serious infection or inflammation of your lungs. The air sacs in the lungs fill with pus and other liquid. Oxygen has trouble reaching your blood. If there is too little oxygen in your blood, your body cells can't work properly, and you may die.

Until 1936, pneumonia was the No.1 cause of death in the U.S. Then the use of antibiotics brought it under control. Pneumonia and influenza combined have ranked as the sixth leading cause of death since 1979.

Pneumonia affects your lungs in two ways. Lobar pneumonia affects a section (lobe) of a lung. Bronchial pneumonia (or bronchopneumonia) affects patches throughout both lungs.

Causes Of Pneumonia
Pneumonia is not a single disease. It can have over 30 different causes. There are four main causes of pneumonia:

- Bacteria.
- Viruses.
- Mycoplasmas.
- Other causes, such as pneumocystis.

1. Bacterial Pneumonia
Bacterial pneumonia can attack anyone from infants through the very old. Alcoholics, the debilitated, post-operative patients, people with respiratory diseases or viral infections and people who have weakened immune systems are at greater risk.

Pneumonia bacteria are present in some healthy throats. When body defenses are weakened in some way, by illness, old age, malnutrition, general debility or impaired immunity, the bacteria can multiply and cause serious damage. Usually, when a person's resistance is lowered, bacteria work their way into the lungs and inflame the air sacs.

The tissue of part of a lobe of the lung, an entire lobe, or even most of the lung's five lobes becomes completely filled with liquid (this is called "consolidation"). The infection quickly spreads through the bloodstream and the whole body is invaded. The pneumococcus is the most common cause of bacterial pneumonia. It is one form of pneumonia for which a vaccine is available.

Symptoms: The onset of bacterial pneumonia can vary from gradual to sudden. In the most severe cases, the patient may experience shaking chills, chattering teeth, severe chest pain, and a cough that produces rust-colored or greenish mucus.

A person's temperature often rises as high as 105 degrees F. The patient sweats profusely, and breathing and pulse rate increase rapidly. Lips and nailbeds may have a bluish color due to lack of oxygen in the blood. A patient's mental state may be confused or delirious.

2. Viral Pneumonia

Half of all pneumonias are believed to be caused by viruses. More and more viruses are being identified as the cause of respiratory infection, and though most attack the upper respiratory tract, some produce pneumonia, especially in children. Most of these pneumonias are not serious and last a short time.

Influenza virus may be severe and occasionally fatal. The virus invades the lungs and multiplies, but there are almost no physical signs of lung tissue becoming filled with fluid. It finds many of its victims among those who have pre-existing heart or lung disease or are pregnant.

Symptoms: The initial symptoms of viral pneumonia are the same as influenza symptoms: fever, a dry cough, headache, muscle pain, and weakness. Within 12 to 36 hours, there is increasing breathlessness; the cough becomes worse and produces a small amount of mucus. There is a high fever and there may be blueness of the lips.

In extreme cases, the patient has a desperate need for air and extreme breathlessness. Other viral pneumonias are complicated by an invasion of bacteria, with all the typical symptoms of bacterial pneumonia.

3. Mycoplasma Pneumonia

Because of its somewhat different symptoms and physical signs, and because the course of the illness differed from classical pneumococcal pneumonia, mycoplasma pneumonia was once believed to be caused by one or more undiscovered viruses and was called "primary atypical pneumonia."

Identified during World War II, mycoplasmas are the smallest free-living agents of disease in humankind, unclassified as to whether bacteria or viruses, but having characteristics of both. They generally cause a mild and widespread pneumonia. They affect all age groups, occurring most frequently in older children and young adults. The death rate is low, even in untreated cases.

Symptoms: The most prominent symptom of mycoplasma pneumonia is a cough that tends to come in violent attacks, but produces only sparse whitish mucus. Chills and fever are early symptoms, and some patients experience nausea or vomiting. The patient's heartbeat is often slow, and in some extreme cases patients may suffer from breathlessness and have a bluish color to lips and nailbeds.

4. Other Kinds Of Pneumonia
Pneumocystis carinii pneumonia (PCP) is caused by an organism long thought of as a parasite but now believed to be a fungus. PCP is the first sign of illness in many persons with AIDS, and perhaps 80 percent of AIDS patients (four out of five) will develop it sooner or later.

PCP can be successfully treated in many cases. It may recur a few months later, but treatment can help to prevent or delay its recurrence.

Other less common pneumonias may be quite serious and are occurring more often. Various special pneumonias are caused by the inhalation of food, liquid, gases or dust, and by fungi. Foreign bodies or a bronchial obstruction such as a tumor may promote the occurrence of pneumonia, although they are not causes of pneumonia.

Rickettsia (also considered an organism somewhere between viruses and bacteria) cause Rocky Mountain spotted fever, Q fever, typhus and psittacosis, diseases that may have mild or severe effects on the lungs. Tuberculosis pneumonia is a very serious lung infection and extremely dangerous unless treated early.

Treating Pneumonia
If you develop pneumonia, your chances of a fast recovery are greatest under certain conditions: if you're young, if your pneumonia is caught early, if your defenses against disease are working well, if the infection hasn't spread, and if you're not suffering from other illnesses.

In the young and healthy, early treatment with antibiotics can cure bacterial pneumonia and speed recovery from mycoplasma pneumonia, and a certain percentage of rickettsia cases. There is no clearly effective treatment yet for viral pneumonia, which usually heals on its own.

The drugs used to fight pneumonia are determined by the germ causing the pneumonia and the judgment of the doctor. After a patient's temperature returns to normal, medication must be continued according to the doctor's instructions, otherwise the pneumonia may recur. Relapses can be far more serious than the first attack.

Besides antibiotics, patients are given supportive treatment: proper diet and oxygen to increase oxygen in the blood when needed. In some patients, medication to ease chest pain and to provide relief from violent cough may be necessary.

The vigorous young person may lead a normal life within a week of recovery from pneumonia. For the middle-aged, however, weeks may elapse before they regain their accustomed strength, vigor, and feeling of well-being. A person recovering from mycoplasma pneumonia may be weak for an extended period of time.

In general, a person should not be discouraged from returning to work or carrying out usual activities but must be warned to expect some difficulties. Adequate rest is important to maintain progress toward full recovery and to avoid relapse. Remember, don't rush recovery!

Preventing Pneumonia Is Possible
Because pneumonia is a common complication of influenza (flu), getting a flu shot every fall is good pneumonia prevention.

Vaccine is also available to help fight pneumococcal pneumonia, one type of bacterial pneumonia. Your doctor can help you decide if you, or a member of your family, needs the vaccine against pneumococcal pneumonia. It is usually given only to people at high risk of getting the disease and its life-threatening complications.

The greatest risk of pneumococcal pneumonia is usually among people who:

- Have chronic illnesses such as lung disease, heart disease, kidney disorders, sickle cell anemia, or diabetes.
- Are recovering from severe illness.
- Are in nursing homes or other chronic care facilities.
- Are age 65 or older.

If you are at risk, ask your doctor for the vaccine.

The vaccine is generally given only once. Ask your doctor about any revaccination recommendations. The vaccine is not recommended for pregnant women or children under age two.

Since pneumonia often follows ordinary respiratory infections, the most important preventive measure is to be alert to any symptoms of respiratory trouble that linger more than a few days. Good health habits, proper diet and hygiene, rest, regular exercise, etc., increase resistance to all respiratory illnesses. They also help promote fast recovery when illness does occur.

If You Have Symptoms Of Pneumonia
Call your doctor immediately. Even with the many effective antibiotics, early diagnosis and treatment are important.

Follow your doctor's advice. In serious cases, your doctor may advise a hospital stay. Or recovery at home may be possible.

Continue to take the medicine your doctor prescribes until told you may stop. This will help prevent recurrence of pneumonia and relapse.

Remember, even though pneumonia can be treated, it is an extremely serious illness. Don't wait, get treatment early.