American-Eurasian J. Agric. & Environ. Sci., 13 (2): 291-292, 2013
ISSN 1818-6769

DOI: 10.5829/idosi.aejaes.2013.13.02.1922

Best Treatment for Allergic Asthma with Traditional Herbal Medicine: A Brief Report

Seyyed Shamsadin Athari

Department of Immunology, Faculty of Medical Sciences, Tarbiat Modares University, Tehran, Iran

INTRODUCTION

Asthma is one of the most common chronic diseases of childhood, causing substantial morbidity which incidence rate has increased during the last 30 years [1, 2]. Asthma is a complicated multi-factorial pulmonary disease which is diagnosed through reversible blockage, the increase in external bronchial responses and chronic inflammation of bronchial system [3, 4].

Asthma is defined as a chronic inflammatory disorder with intermittent symptoms of cough, dyspnea, wheezing and chest pain [5, 6]. Allergic Asthma represents an important public health issue with significant growth over the years and affects individuals of all ages from infants to the elderly prevailing as the major cause of illness and consequent hospitalization in children of developed countries altering both patients and families' normal activities and therefore impairing life quality [7, 8].

The increasing prevalence of allergic diseases in Westernized countries is a significant health problem. Curative therapies for these diseases are not available. Many patients are frustrated by the lack of curative therapies or have concerns about drug side effects [9, 10].

Antiasthma herbal medicine intervention could be complex interactions between herbal formula constituents produce synergistic effects and reduce possible side effects of some herbs. The importance of natural products, especially those derived from higher plants, in [11, 12]. Tribal and non-tribal inhabitants used nearly 80 medicinal plants for treating asthma. Herbalists reported that plant ingredients are used in the form of dry powder, decoction and juice in the treatment of asthma [13].

Extensive research over the past decade has provided information about the pharmacotherapy of bronchial asthma. Anti-asthma drugs are classified into two categories: relievers and controllers [14]. Herbal Medicine is the oldest and safest rout for treatment of many types of acute and chronic diseases.

Hock *(Althaea officinalis),* malva *(Malva sylvestris)* and Pennyroyal *(Mentha longifolia)* are herbal medicine used for cure and strengthening of patients. These have very useful effects and are safe and old cure for many diseases. In this observation, the anti-asthma effects of these plants become evident when mixture of them is used together. Powder of these plants were mixed and then this powder was boiled in the water for 15 min then this fluid was filtered and used in asthma patients. Using of this mixture, cure of acute and chronic allergic asthma was observed that prevented recruitment of asthma in patients. This mixture has been used from many hundred years ago for cure of cough, wheezing and breath failure that now these symptoms are named asthma. These herbal medicines have anti-asthmatic effect. This is a suitable drug for allergic Asthma and over dose of this drug has no poisoning effect. Short time using of this drug has useful effect and is easy for every patient. Therefor using of this is important for patients in economic, safety, hygienic, treatment, side effect, benefit. This observation in traditional medicine showed that these plants have very useful effect on allergy in respiratory system.

REFERENCES

1. Haldar, P., I.D. Pavord, D.E. Shaw, M.A. Berry, M. Thomas and C.E. Brightling, 2008. Cluster analysis and clinical Asthma phenotypes. Am J Respir Crit Care Med; 178: 218-24.
2. Rothenberg, M.E., A.D. Klion, F.E. Roufosse, J.E. Kahn, P.F. Weller and H.U. Simon, 2008. Treatment of patients with the hypereosinophilic syndrome with mepolizumab. New England Journal of Medicine; 358: 1215-28.

Corresponding Author: Seyyed Shamsadin Athari, Department of Immunology, Faculty of Medical Sciences, Tarbiat Modares University, Tehran, Iran.

3. Hatzivlassiou, M., C. Grainge, V. Kehagia, L. Lau and P.H. Howarth, 2010. The allergen specificity of the late Asthmatic reaction. Allergy; 65: 355-8.
4. Tantisira, K.G., E.S. Silverman and T.J. Mariani, 2007. FCER2: a pharmacogenetic basis for severe exacerbations in children with Asthma. J Allergy Clin Immunol; 120: 1285-91.
5. Caldeira, M., A.S. Barros, M.J. Bilelo, A. Parada, J.S. Camara and S.M. Rocha, 2011. Profiling allergic asthma volatile metabolic patterns using a headspace-solid phase microextraction/gas chromatography based methodology. Journal of Chromatography A,; 1218: 3771-3780.
6. Rodney R. Dietert, 2011. Maternal and childhood asthma: Risk factors, interactions and ramifications. Reproductive Toxicology; 32: 198-204.
7. Giovanni Rolla and Caterina Bucca, 2011. Placebo and Other Interventions in Asthma. . New England Journal of Medicine; 365(15): 1446.
8. Christopher, L. Grainge, Laurie C.K. Lau, Jonathon A. Ward, Valdeep Dulay, Gemma Lahiff, Susan Wilson, Stephen Holgate, Donna E. Davies and Peter H. Howarth, 2011. D.M. Effect of Bronchoconstriction on Airway Remodeling in Asthma. New England Journal of Medicine; 364(21): 2006-2015.
9. Kevin Mullane, 2011. The increasing challenge of discovering asthma drugs. Biochemical Pharmacology; 82: 586-599.
10. Bielory, L., J. Russin and G.B. Zuckerman, 2004. Clinical efficacy, mechanisms of action and adverse effects of complementary and alternative medicine therapies for asthma. Allergy Asthma Proc; 25: 283-91.
11. Wen, M.C., C.H. Wei, Z.Q. Hu, K. Srivastava, J. Ko, S.T. Xi, 2005. Efficacy and tolerability of anti-asthma herbal medicine intervention in adult patients with moderate-severe allergic asthma. J Allergy Clin Immunol; 116: 517-24.
12. Rates, S.M.K., 2001. Plants as source of drugs. Toxicon; 39: 603-613.
13. Savithramma, N., Ch. Sulochana and K.N. Rao, 2007. Ethnobotanical survey of plants used to treat asthma in Andhra Pradesh, India. Journal of Ethnopharmacology; 113: 54-61.
14. Hiroichi Nagai, 2012. Recent research and developmental strategy of anti-asthma drugs. Pharmacology and Therapeutics; 133: 70-78.