

## Introduce of the Best Meditation Exercise for Control of Allergic Asthma

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**Abstract:** Asthma is a chronic inflammatory airways disorder and is an important public health problem worldwide. To treatment and control of asthma, drugs, alternative medical systems, yoga and meditation are used. Here it was focused on yoga meditation and report the best shape of this method for control of asthma. In 96 patients of 641 asthmatic patients who did exercises of yoga and meditation. From all position and exercised shape of yoga, 3 exercised shape had the best effect on control of asthma and other shape had little effect. This is report of the best exercises for control of allergic asthma in urgent conditions than there are no drugs in access. Using of three methods for control of asthma could prevent of asthma attack powerfully.

**Key words:** Allergic Asthma • Control • Meditation exercise

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### INTRODUCTION

Asthma is a chronic inflammatory disorder of the airways and lung disease that affects more than 300 million persons and characterized by airway eosinophil accumulation, goblet cell hyperplasia with mucus hyper secretion to inhaled allergens, coughing and respiratory disorder. This has emerged as an important public health problem worldwide [1, 2].

Asthma pathogenesis involves complex neuro-immune deregulation that promotes bronchial inflammation resulting in exacerbated mucus production and airway hyper-responsiveness. The inflammatory process in allergic asthma is dominated by Th2 which activate eosinophils and induce immunoglobulin E (IgE) production by B cells. Many cell types are involved, including eosinophils, lymphocytes, macrophages, neutrophils and mast cells. Chronic airway structural changes are also variably influenced by Th2 cytokines. In addition, the inflammatory marker leukotriene B4 (LTB4) has been associated with chemotaxis and accumulation of granulocytes and macrophages in the airways of patients with asthma and has been found to be a potent stimulator of T cell migration [3-5].

Currently, inhaled corticosteroids with or without long-acting  $\beta$  agonists are the mainstay of treatment for asthma. Anti leukotrienes are currently used in therapy too. Corticosteroids, the most potent nonspecific

anti-inflammatory agents, produce substantial improvement in objective lung functions of patients with asthma and are the cornerstone of asthma treatment [6, 7].

There is a need for development of additional effective treatments with fewer side effects. The complexity of this chronic disease is a great challenge to developing interventions that exhibit a broad spectrum of pharmacological actions on pathogenic changes of asthma. There is an urgent need to develop novel approaches for treatment of asthma. Recently, there has been a surge in interest in herbal medicine, possibly because they have fewer side effects than current therapy. However, well-controlled clinical trials using herbal medicine for asthma treatment are still rare. To treatment of asthma, not only chemical drugs are used, but also alternative medical systems [for example, massage therapy, needle therapy and acupuncture, traditional Chinese medicine, mind-body approaches (e.g. yoga), energy therapies (e.g. magnets), body-based treatments (e.g. massage) and biologically based therapies (e.g. herbs) are used [8-10]. The suitable way for reduction of asthma problem is control of asthma. Here we focus on yoga meditation and report the best still of this method for control of asthma.

**Report:** Yoga and meditation have been used to treat patients with allergic asthma. Although there are several studies available on the efficacy of yoga in bronchial



Fig. 1: The effective exercises were showed inside of 8 red rings

asthma. Further, in case of yoga, very few of the studies are randomized controlled trials. Meditation technique is an innately therapeutic process which is beneficial for allergic asthma. Yoga and meditation have hundreds exercised shape and patients with allergic asthma usually use these exercise for control of asthma. In this report, was observed that 96 patients of 641 asthmatic patients with established allergic asthma who did exercises of yoga and meditation. They had better condition and without of drug, they could control asthma attack in many of their daily time in year. The age range was 11-51 years with a mean of  $22 \pm 3$  years. There were 35 women and 61 men. In all 96 patients who used of yoga for treatment and control of asthma, from all position and exercised shape of yoga, 3 exercised shape had the best effect on control of asthma and other shape had little effect. These showed in Figure 1 and the most effective exercises were showed inside of red ring. 4 small pictures are homolog with 4 large pictures and only these exercises have very powerful effect on control and cure attack of allergic asthma. Therefore, this is report of the best exercises for control of allergic asthma in urgent conditions than there are no drugs in access.

#### DISCUSSION AND CONCLUSION

There is currently no cure for asthma, the cornerstone of asthma management is the achievement and maintenance of optimal asthma control. Specific goals are the achievement of the best possible clinical control and reduction in the future risk of adverse outcomes [5, 11].

The nature of the relationship between the mind and the body has preoccupied philosophers and physicians for centuries. Contemporary thinking concerning the increasing prevalence of allergic asthma bases itself on the assumption that psychological stress, via neuroendocrine and immunologic networks and changes in homeostasis, can influence lung function and thus expression of disease. Yoga seems to stabilize and reduce the excitability of the nervous system [12-14].

Studies showed a significant reduction in the level of catecholamine concentration after the practice of yoga. Yoga clearly relaxes the muscles and this deep physical and mental relaxation associated with the physiological changes seen in patients after daily yoga seems to have a stabilizing effect on bronchial reactivity, thus making the vagal efferent less excitable. When yoga is employed for prevention or management of allergic asthma, some convenient and highly visible elements of yoga are used selectively. This approach now has a strong scientific foundation in psychoneuroimmunology and is particularly relevant to a disorder like bronchial asthma which is characterized by deranged immune function [13-15].

Yoga improves the quality of life and reduces rescue medication use in bronchial asthma and achieves the reduction earlier than conventional treatment alone [16, 17]. Studies supports the use of yoga in the management of bronchial asthma. The reduction in psychological hyper reactivity and emotional instability achieved by yoga can reduce efferent vagal reactivity, which has been recognized as the mediator of the psychosomatic factor in asthma.

Some studies have described altered ventilation-perfusion ratios in exacerbated asthma that, in association with bronchoconstriction, cause worsening of gas exchange. In addition, although patients with stable asthma presented a higher level of bronchial protein exudate [5, 18, 19]. In the three shapes of yoga were introduced that have the best effect on control of asthma, the position of lung changed to suitable position to reduce exudate secretion that will have power effect to reduce asthma problem.

Stress can induce attacks of asthma and may also cause asthma to develop. Stress related epigenetic changes and associated alterations in gene expression in early life can lead to long-lasting impacts on adult health and disease. Yoga could be reduce stress meaningful and give relaxation to patients [9, 12, 14].

To the best of today knowledge, there is only one randomized controlled trial which has evaluated the efficacy of an integrated package consisting of yogic postures, breathing exercises, cleansing techniques, meditation, devotional sessions and lectures. At least, these three position with several ways (Decrease of metabolic rate of catecholamine, exudate secretion, stress and increase physical activity, relaxation) could be very benefit to control of asthma attack. Therefore, using of three method for control of asthma could prevent of asthma attack, drug using, hospitalization and increase of life quality.

## REFERENCES

1. Zohre Babaloo, Najafi Gholam Reza, Ahmad Morshedi, Davoud Kardan, Karim Khajenajafi, Seyyed Shamsadin Athari and Negar Haghighi, 2012. The effect of Ketotifen on Eosinophilic Chemotactic Factors in experientially Allergic Asthma. *International Journal of Pharmacy and Pharmaceutical Sciences*, 4(1): 433-435.
2. Seyyed Shamsadin Athari, 2013. Immune Response Shifting of Asthma in Aging. *Middle-East Journal of Scientific Research*, 13(4): 489-498.
3. Seyyed Shamsadin Athari, 2013. Inflammation, Asthma and Tumor. *Bull. Env. Pharmacol. Life Sci.*, 2(5): 98-100
4. Echazarreta, A.L., B. Dahlen, G. García, C. Agustí, J.A. Barberá and J. Roca, 2001. Pulmonary gas exchange and sputum cellular responses to inhaled leukotriene D (4) in asthma. *Am J Respir Crit Care Med.*, 164: 202-6.
5. Seyyed Shamsadin Athari and Seyyed Moehyadin Athari, 2014. The importance of eosinophil, platelet and dendritic cell in asthma. *Asian Pac J. Trop Dis.*, 4(1): 41-47.
6. Carneiro, E.R., R.A.N. Xavier, M.A. Pedreira De Castro, C.M. Oller Do Nascimento and V.L.F. Silveira, 2010. Electroacupuncture promotes a decrease in inflammatory response associated with Th1/Th2 cytokines, nitric oxide and leukotriene B4 modulation in experimental asthma. *Cytokine*, (50): 335-340.
7. Tonnel, A.B., P. Gosset and I. Tillie-Leblond, 2001. Characteristics of the inflammatory response in bronchial lavage fluids from patients with status asthmaticus. *Int Arch Allergy Immunol.*, (124): 267-71.
8. Seyyed Shamsadin Athari, 2013. Best Treatment for Allergic Asthma with Traditional Herbal Medicine: A Brief Report. *American-Eurasian J. Agric. and Environ. Sci.*, 13(2): 291-292.
9. Ramaprabhu Vempati, Ramesh Lal Bijlani and Kishore Kumar Deepak, 2009. The efficacy of a comprehensive lifestyle modification programme based on yoga in the management of bronchial asthma: a randomized controlled trial. *BMC Pulmonary Medicine*, 9(37): 1-12.
10. Seyyed Shamsadin Athari, 2013. Traditional Medicine for Asthma. *Advances in Biological Research*, 7(3): 112-113.
11. Richard Glickman-Simon and Tammy Lindsay, 2013. Yoga for back pain, cranberry for cystitis prevention, soy isoflavones for hot flashes, curcumin for pre-diabetes and breathing retraining for asthma. *Explore*, 9(4): 251-254.
12. Dean Befus, A. and Judah Denburg, 2008. The Mind-Body of Allergic Diseases. *Allergy, Asthma and Clinical Immunology*, 4(1): 1.
13. Goyeche, J.R.M., Y. Abo and Y. Ikemni, 1982. The yoga perspective. Part II. Yoga therapy in the treatment of asthma. *J. Asthma.*, 19: 189-201.
14. Manocha, R., G.B. Marks, P. Kenchington, D. Peters, C.M. Salome, 2002. Sahaja yoga in the management of moderate to severe asthma: a randomised controlled trial. *Thorax*, 57: 110-115.
15. Jones, N., R. Kinsman and J. Dirks, 1979. Psychological contributions to chronicity in asthma: patient response styles influencing medical treatment and its outcome. *Med Care*, 17: 1103-18.
16. SIR,-Drs R. Nagarathna and H.R. Nagendra, 1985. Yoga for bronchial asthma. *British Medical Journal*, 291(23): 1506-7.

17. Nagarathna, R. and H.R. Nagendra, 1985. Yoga for bronchial asthma: a controlled study. *British Medical Journal*, 291(19): 1077-9.
18. Acuña, A.A., J. Gabrijelcic, E.M. Uribe, R. Rabinovich, J. Roca, J.A. Barberà, K.F. Chung and R. Rodriguez-Roisin, 2002. Fluticasone propionate attenuates plateletactivating factor-induced gas exchange defects in mild asthma. *Eur Respir J.*, 19: 872-8.
19. Greiff, L., M. Andersson, P. Wollmer and C.G. Persson, 2003. Hypertonic saline increases secretory and exudative responsiveness of human nasal airway *in vivo*. *Eur Respir J.*, 21: 308-12.