

A plea to abandon asthma as a disease concept

We dedicate almost all of this week's issue to asthma—one of the most elusive of all common chronic disorders. An estimated 300 million people live with asthma worldwide; this is expected to increase to 400 million by 2025. Morbidity and mortality are high despite treatment that is effective in the majority of patients. Asthma deaths are estimated to account for one in 250 deaths worldwide, and even in developed countries where patients have easy access to treatment, asthma is often under-recognised and undertreated with sometimes fatal consequences.....

There has been particular concern about an increase in prevalence, especially of childhood asthma, in the past two decades, most apparent in countries that have or are developing a "western lifestyle". Epidemiological studies, as well as some preliminary basic research, have given rise to the hygiene hypothesis. The idea is that in cleaner environments with fewer infections and stimuli to the immature immune system in early childhood, there is an aberrant inflammatory response to allergens and other environmental irritants. In the ISAAC Phase Three study, which was designed to look at worldwide time trends of asthma, allergic rhinoconjunctivitis, and eczema in children aged 6–7 and 13–14 years, the picture is not entirely clear-cut. Overall, increases rather than decreases in prevalence were more common over the past decade, and occurred more often in the younger age group (more pronounced in rhinoconjunctivitis and eczema). However, asthma rates in high-prevalence countries decreased slightly in children aged 13–14 years. This study's findings are indicative of much of asthma research and epidemiology. The harder one looks, the more questions arise.....

The general consensus now emerging is that, even in adults, asthma is unlikely to be a single disease entity.....

So why wait? Rather than confusing scientists, doctors, and patients even further, is it not time to step out of the straightjacket of a seemingly unifying name that has outlived its usefulness? The conclusion should surely be that it is best to abolish the term asthma altogether.

Comments on this article:

Asthma, a disease of chronic hyperventilation?

Michael Lingard, August 30 2006

Professor Konstantin Buteyko suggested asthma is a single disease with multiple triggers, rather than a complex disease with multiple causes. He also found a high correlation between chronic hyperventilation and asthma symptoms. Anecdotal evidence from asthma sufferers using the Buteyko Method to reduced their hyperventilation suggests this approach is effective for all asthmatics. This observation was supported by a papers by Bowler et alia¹, Cooper S, Osborne J, Newton S, Harrison V, Thompson-Coon, et alia² and McHugh P, Aitcheson F, Duncan B, Houghton F³. The dramatic reduction in the medication needed to manage asthma in the few trials so far conducted has been encountered by two UK doctors who sent a number of their asthma patients on Buteyko Courses and have since been able to save thousands of pounds on their drug bills whilst their patients have enjoyed better health with less medication.⁴

The Buteyko Method usually is taught to small groups of 5-10 people at sessions of 90 minutes over five consecutive days.

Continued.....

Patients are taught:

- a. The importance of nose breathing.
- b. A simple nose clearing exercise requiring only a comfortable breath hold.
- c. How to measure chronic hyperventilation based on comfortable breath hold time. This relies on the observation that hyperventilators have to breathe more to achieve a lower Pa CO₂, and therefore, have less breath holding ability.
- d. How to reverse chronic hyperventilation by deliberately reducing breathing through relaxation of respiratory muscles and achieving a feeling of slight shortage of air over time. (Through resetting of the respiratory centres to normal CO₂ levels.)
- e. Lifestyle changes that will help reduce over breathing. These are generally recognised as promoting health and include recommendations such as eating less and performing more non-stressful exercise.
- f. Practical, safe and effective advice for keeping the mouth closed at all times, to avoid mouth breathing.

Further information and references may be found on the website www.buteykokent.co.uk including links to all other Buteyko sites.

1. Bowler S, Green A, Mitchell C, "Buteyko breathing and asthma: a controlled trial", Medical J. of Australia, Vol 169, December 1998, 575-578.

2. Cooper S, Osborne J, Newton S, Harrison V, Thompson-Coon J, Lewis S, Tattersfield A, "Effect of two breathing exercises (Buteyko & Pranayama) in asthma: randomised controlled trial" Thorax, Vol 58, 2003, 674-679.

3. McHugh P, Aitchison F, Duncan B, Houghton F, "Buteyko Breathing Technique for Asthma: an effective intervention." The Med Journal of New Zealand, Vol 116, 12 December 2003.

4. A Cornish GP who has carried out a pilot study of a drugs-free asthma treatment says it could save the NHS millions of pounds. Visit:

<http://news.bbc.co.uk/1/hi/england/cornwall/5096844.stm>

and The breathless way to 'cure' asthma BBC 18/8/98 The National Health Service (NHS) could save a fortune in drug costs if asthmatics used a simple breathing technique, according to claims made in a BBC TV programme.

Visit: <http://news.bbc.co.uk/1/hi/health/153320.stm>

Michael Lingard, BSc.(Econ)Hons., Dip. Ost., BIBH Professional health practitioner, TotalhealthMatters! St Bridgets Rye Rd Hawkhurst Kent TN18 5DA UK.

The author Michael Lingard

Trained as economist, statistician and accountant, worked as Financial Analyst, O & M Consultant, Operational Research Consultant, university lecturer, and restaurateur. Later trained as an Osteopath, established one of the first Holistic Clinics (!981) The Wealden Clinic, council member of the Natural Medicines Society and member of the Scientific & Medical Network. He has just completed training in the Buteyko Method through the BIBH. He believes we are at an critical evolutionary stage in our understanding and practice of medicine and that we need to meet this challenge not with the old paradigm of Newtonian thinking but a new 21st Century Vision, not with Aristotle's "binary" logic but with Buddha's "fuzzy" logic; the former demands something 'is or is not', the other that something 'is and is not'. Not the field for flat earthers? Driven by a desire to help create a revolution in medicine, to shift the dominant emphasis from pathology and disease to ethology and health. Despite commercial and establishment influences resisting such changes, he believes the public & economic pressures will eventually prevail to mould a Totalhealth service founded on health.