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**FILE: ■ Asthma  
■ Complementary and Alternative Medicine**

**HC 010384-365**

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**RE: Complementary and Alternative Therapies for Asthma – More Research Needed**

Hart J. Clinical applications of complementary and alternative medicine for asthma. *Altern Complement Ther.* October 2007;13(5): 235-238.

Asthma affects more than 20 million Americans and is the most common chronic childhood illness. According to the World Health Organization, it is expected to increase by 20% over the next 10 years unless steps are taken to control the disease. This article examines some of the research findings regarding complementary and alternative medicine (CAM) therapies used by patients with asthma (including dietary supplements, antioxidants, herbs, mind-body therapies, and acupuncture), as well as the importance of a strong doctor-patient relationship for those patients.

Factors that contribute to the development of asthma include the environment, genetics, immunology, allergies, and nutrition. Symptoms, which can vary in severity, include wheezing, difficulty in breathing, shortness of breath, and coughing.

Conventional treatment consists of bronchodilators and anti-inflammatory drugs. These are often used with CAM to ease symptoms and improve quality of life. According to one review,<sup>1</sup> the prevalence of CAM usage among patients with asthma ranges from 4% to 79% for adults and 33% to 89% for children. The CAM therapies most often used by those adults include breathing techniques, acupuncture, herbs and other dietary supplements, homeopathy, and yoga. For children, CAM therapies include breathing techniques, diet therapy, herbs and other dietary supplements, homeopathy, massage, prayer, physical therapy, and relaxation techniques.

Since CAM use by asthma patients is extensive, "it is essential that health care professionals question individuals about their interest in and current use of CAM. A communicative partnership between the asthma patient and the health care professional may increase the likelihood of an optimal outcome," writes the author.

People with asthma and parents of children with asthma often want to know how diet or dietary supplements may help prevent or ease symptoms of the disease. Unfortunately, randomized controlled trials are not definitive for the efficacy of specific nutrients or diets, and further research is needed, says the author. However, clinical observation has shown that certain patients with asthma will respond positively to dietary modifications, including the elimination of inflammatory and allergenic substances.<sup>2</sup> In particular, omega-3-

fatty acids have been studied because of their potential effect on mediators of inflammation; the author cites a study of dietary fish intake and risk of asthma, which reported mixed results.

Oxidative stress may play a role in asthma by contributing to the inflammatory process of the disease. Studies of dietary and supplemental antioxidants in asthma have given both positive and negative results, says the author. "A balanced diet with natural vitamins and minerals, avoidance of foods that trigger reactions, and supplementation as recommended by a knowledgeable physician should be the standard for every person with asthma," she writes.

Herbs that have been reported to ease the symptoms of asthma, improve pulmonary function, and reduce airway hyperresponsiveness include Indian ipecac (*Tylophora indica*), Indian frankincense or boswellia (*Boswellia serrata*), picrorhiza (*Picrorhiza kurrooa*), the blend of herbs *saiboku-to*, coleus (*Coleus forskohlii* syn. *Plectranthus barbatus*), and butterbur (*Petasites hybridus*). Randomized controlled trials on the role of herbs in managing asthma are lacking, and those findings that have been reported have often been conflicting in terms of efficacy.<sup>3</sup> However, cautions the author, this does not negate the benefit for certain patients with asthma. Clinicians should be aware of the available data to best educate their patients.

Some patients with asthma use mind-body therapies, particularly breathing exercises, to ease their symptoms. A Cochrane review in 2004 concluded that the small number of studies on this topic prevented any reliable conclusions about the benefits of breathing retraining but that it was accompanied by a trend toward improvement.<sup>4</sup> Other mind-body therapies that may be helpful are guided imagery, cognitive behavioral therapy, psychotherapy, and hypnosis.

Studies have found that acupuncture reduces the need for asthma medications. Conflicting results have been reported in studies of the effects of acupuncture, however. Although most reviews cited by the author conclude that the current research is insufficient to draw conclusions about its use, the trend may be toward acupuncture as a useful adjunctive therapy.

To conclude, the author points out the difficulty in interpreting the available data about the efficacy of CAM to treat asthma. She urges clinicians to seek the expertise of colleagues who are actively conducting reliable research on CAM therapies and to call for rigorously designed research on those therapies that have shown promise.

—Shari Henson

## References

<sup>1</sup>Slader C, Reddel H, Jenkins C, et al. Complementary and alternative medicine use in asthma: who is using what? *Respirology*. 2006;11:373-387.

<sup>2</sup>Horwitz R. Controlling asthma: the role of nutrition. *Explore*. 2005;1:393-395.

<sup>3</sup>Passalacqua G, Bousquet PJ, Carlsen KH, et al. ARIA update: 1. Systematic review of complementary and alternative medicine for rhinitis and asthma. *J Allergy Clin Immunol*. 2006;117:1054-1062.

<sup>4</sup>Holloway E, Ram FS. Breathing exercises for asthma. *Cochrane Database Syst Rev*. 2004;1:CD001277.

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