THE ROLE OF YOGA IN MANAGING BRONCHITIS

The scientific basis of using yoga as an adjunct therapy in chronic obstructive pulmonary diseases is well-established, including significant improvements in lung function, quality of life indices, and bronchial provocation responses coupled with a decreased need for regular and rescue medicinal usage.\(^1,2\) Behera reported perceptible improvement in dyspnea and lung function in patients with chronic bronchitis after 4 weeks of yoga therapy that used a variety of postures and breathing techniques.\(^3\) Yogic cleansing techniques such as *neti kriya* (warm saline nasal wash) remove excessive mucous secretions, decrease inflammation, and reduce bronchial hypersensitivity thereby increasing provocation threshold, while *kapalabhati* (a yogic breathing technique), through forceful exhalations, improves the capacity to exhale against resistance.\(^4\) A nonspecific bronchoprotective or bronchorelaxing effect has also been postulated,\(^5\) while improved exercise tolerance has been reported following yoga therapy in patients with chronic severe airway obstruction.\(^6\) It has been reported that well-performed slow yogic breathing maintains better blood oxygenation without increasing minute ventilation, reduces sympathetic activation during altitude-induced hypoxia,\(^7\) and decreases chemoreflex sensitivity to hypoxia and hypercapnia.\(^8\) All of these mechanisms can help bring about both objective and subjective improvements in the condition of patients with bronchitis. Yoga as a therapy is also cost-effective, relatively simple to learn, and carries minimal risk; hence, yoga should be advocated as an adjunct, complementary therapy in our search for an integrated system of medicine capable of producing health and well-being for all.

References

Ananda Balayogi Bhavanani, MBBS, ADY, PGDFH, PGDY and Zeena Sanjay, BNYS
Advanced Centre for Yoga Therapy, Education and Research,
Jawaharlal Institute of Post Graduate Medical Education and Research
Pondicherry, India