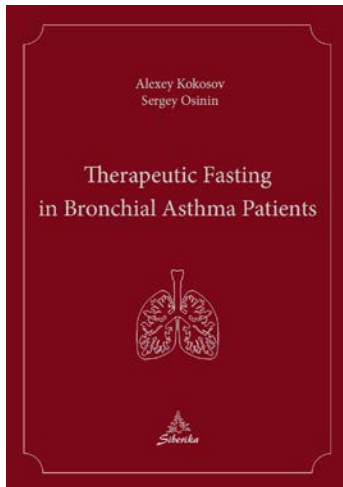


Quotes
from the Book by Alexey Kokosov and Sergey Osinin
Therapeutic Fasting in Bronchial Asthma Patients



The dynamics of the clinical manifestations of bronchial asthma are typical during the fasting period. The patients' well-being improves as early as in the first days of therapeutic fasting, which manifests in the decrease or disappearance of asthma attacks and shortness of breath. In most patients, asthma attacks disappear in the first 7 days of therapeutic fasting. At the same time, dry rales in the lungs typically disappear by day 12, or later (less often), always in the following order: high-pitched bronchospasm-related rales at first; and then the low-toned ones associated with dyscrinia. As a rule, this leads to a mood improvement, an increase in overall vitality, a surge of enthusiasm and a desire to extend the fasting phase. By the way, such a change in the patients' condition during the fasting has a positive effect on other patients who are only preparing for the fasting course. The above-mentioned should be used in forming a psychological approach.

As for the drugs used during the fasting phase, in our experience their intake has been steadily decreasing due to lack of need, and daily recording of this fact in the self-observation diary also has positive psychological value for the patient. This should be skillfully used by the attending physician. Supportive pathogenetic therapy, i.e., the dose of corticosteroids during the fasting period, is usually gradually reduced and they are often discontinued as per the patient's well-being.

In the presence of cortical dependence, a single course of therapeutic fasting (RDT) rarely allows to overcome this dependence, and repeated courses and regular cleansing of the body of antigenic material are required. However, even in these cases, as a rule, the patient's maintenance dose of corticosteroids is reduced after therapeutic fasting. This is important, because it reduces the probability of obligate complications of corticosteroid therapy, which must be explained to the patient in simple terms.

An important element of the cleansing procedures is the intestinal cleansing during the fasting period. Regular enemas are typically used for this purpose either daily or 2-3 times a week. Before starting the fast, a salt laxative is generally prescribed (Glauber's salt, 0.5 g per 1 kg of body weight). The laxative's bitter taste can be flavored with raspberry or other fruit syrup. If the mineral laxative is poorly tolerated, it can be replaced with 2 - 3 tablespoons of castor oil. If the above is impossible for any reason, a 0.5-1 l. of chamomile infusion enema, preferably in a knee-elbow position, is indicated. Subsequently, enemas are best conducted at least 3 times a week during the fasting period of treatment of the enema, despite spontaneous stools; if enemas are unacceptable, you can replace them with 2 teaspoons of bitter Glauber's salt in a glass of water in the morning. This is important, because there may be discharge from the intestine even during the 4th week of fasting.

When bronchial asthma is combined with a systemic pathology of the gastrointestinal tract, complicated by inflammation and spastic reactions of the large intestine, rinsing it during the fasting phase of RDT led us to develop different types of cleansing enemas. Here are some of them, tested on patients by our staff.

The use of circulating pulmonary antigens as indicators of cellular autosensitization and determining its serum content in the passive hemagglutination reaction before and after therapeutic fasting, allowed to establish that therapeutic fasting leads to a significant reduction in immunopathological reactions in patients with bronchial asthma [Nemtsov V.I., 1978].

The nasal mucosal polyps present in patients with bronchial asthma decrease in size, and the sense of smell is usually restored at the same time. The latter is dramatically reduced or even completely lost prior to therapeutic fasting. According to the endoscopic study, there is also a normalization of the hypertrophied tracheal and bronchial mucosae, which contributes to improving the impaired bronchial patency.

Clinical and radiological observations of patients indicate decreased severity of pleural adhesions, fusions and the so-called peribronchial infiltration after a course of therapeutic fasting.

No significant changes in peripheral blood composition in patients with bronchial asthma during therapeutic fasting were observed.

Of some interest is the dynamics of virologic and immunological indicators in patients with bronchial asthma at different durations of the fasting phase. Our researchers I.B. Belyaeva and M.I. Tovt-Korshinskaya carried out an examination of patients who underwent a short (5-9 days) fasting phase. The duration of the latter accounted for the individual term of the acidotic crisis onset, which was determined by the dynamics of the acetone content increase in the expired breath condensate (observation group 1) or with the standard 14-day fasting period (observation group 2). In both groups, the disappearance of the initially present viral antigens in bronchial secretions (53% and 51%, respectively) was observed along with the normalization of circulating levels of immune complexes and increased levels of T-lymphocytes (T and Ta). However, during a special examination, respiratory virus associations were registered in presence of clinical signs of ARVI and in the absence of activation of immunological indicators by the end of the fasting period. The authors conclude that therapeutic fasting RDT (any duration of the fasting phase) contributes to the elimination of viral antigens and stimulation of the cellular immunity component, while the reduction of the fasting phase decreases the probability of ARVI [Belyaeva I.B., Tovt-Korshinskaya M.I., 1992].

Soon, however, it became apparent that the use of electrophysiotherapy techniques and dynamic physical exercises, typical in therapeutic practice in Russia, during fasting is unjustified and even contraindicated. Foreign experts in such treatment methods [Joffrey K. S., 1984], have specifically warned that only some of the natural healing methods may be used during fasting, and the actual fasting phase should be approached most carefully. Only strictly required methods should be used, i.e., substitution pharmacotherapy.

We have gradually developed specific approaches and optimization principles, the accuracy of which is confirmed by long-term experience (Table. 8).