

Quran and Respiratory System: Evaluating the Causes and Symptoms of Pulmonary Disease of Asthma, According to the Iranian Traditional Medicine, and Comparing it With Other Respiratory Tract Diseases

Effat Shahkarami¹, Mohammad Bagher Minaei^{1,*}, Esmail Nazem¹, Hamid Reza Abtahi², Effat Jafari¹, Leila Shirbeigi¹, Tabassom Ershadifar¹

¹Department of Traditional Medicine, School of Traditional Medicine, Tehran University of Medical Sciences, Tehran, IR Iran

²Department of Pulmonary, Tehran University of Medical Sciences, Tehran, IR Iran

*Corresponding author: Mohammad Bagher Minaei, Department of Traditional Medicine, School of Traditional Medicine, Tehran University of Medical Sciences, Traditional Medicine Clinic, Hassan Abad Street, Behesht Avenue, 3rd Floor, Tehran, IR Iran. Tel: +98-2188953008, E-mail: minaezb@sina.tums.ac.ir.

Received: Jun 13, 2013; Revised: January 20, 2013; Accepted: Jun 22, 2013

Context: Worldwide prevalence of respiratory diseases, suffering from such diseases, and heavy cost of treatment, which all may result from lack of etiological understanding of these diseases in modern medicine, were the main factors to conduct the current study. In the present study, the causes and symptoms of asthma were evaluated and compared with those of some other respiratory diseases. Iranian traditional medicine, as a holistic medical ideology, has comprehensively evaluated all diseases, especially pulmonary and thoracic diseases which include a wide range of diseases, and has provided various therapeutic low risk methods for each one.

Evidence Acquisitions: The current study was a systematic survey that evaluated causes and symptoms of asthma, which have been discussed in reliable Iranian traditional medicine books such as Canon of Avicenna, "Kamelul-sana'a" of Ali bin Abbas Ahwazi, "Sharhul-asba' bva Al-alama't" of NafisibnAwazKermani, "Teb Al-akbari" of Hakim Arza'ni, and "ExirA'zam" of HakinA'zam Khan Chashti; after analyzing, concluding and categorizing, the results were compared with the causes and symptoms of some other pulmonary diseases.

Results: The symptom of this disease is similar to some other pulmonary disease, like respiratory changes, Asthma, tachypnea.

Conclusions: According to the similarities between clinical symptoms of some pulmonary diseases, such as asthma, and lack of etiological understanding of these diseases in modern medicine, in addition to the different proposed etiologies for asthma in Iranian traditional medicine, with the help of restoration and use of Iranian traditional knowledge of medicine, valuable helps can be provided for patients to diagnose and treat this disease; and through designing and performing different clinical studies, simple, economic, low complicated and high privileged treatments can be applied.

Keywords: Lung Diseases, Obstructive; Symptom Assessment; Medicine, Traditional

And the morning when it extends" (Surah Al-takvir, 18)

According to the interpretation of Ayatollah MakaremShirazi: "And the morning when breathing".

According to the interpretation of Khorrami: "And the morning when it extends"(and by sunrise shows its shiny and luminescent face to the world, and by its resuscitative breeze brings the sleepers into motion and effort, and from ignorance to being awake and alert).

Inhale and exhale is called breathing. Breathing revives the Earth as well as the sole and spirit of man. The forests are the respiratory system of the earth, similar to the respiratory tract and lungs that are the respiratory system of man, and any illness and damage to this system affects man with diseases.

1. Context

Respiratory tract diseases include a wide range of diseases, such as asthma, chronic obstructive pulmonary disease, and interstitial lung disease. Among these diseases, asthma is one of the most common chronic diseases

in the world which its etiology has not been completely identified yet. Hence, its accurate and definite treatment is difficult (1). High prevalence of atopy and allergic diseases suggest that asthma is a systematic disease rather

Implication for health policy/practice/research/medical education:

According to the similarities between clinical symptoms of some pulmonary diseases, such as asthma, and lack of etiological understanding of these diseases in modern medicine, in addition to the different proposed etiologies for asthma in Iranian traditional medicine, with the help of restoration and use of Iranian traditional knowledge of medicine, valuable helps can be provided for patients to diagnose and treat this disease; and through designing and performing different clinical studies, simple, economic, low complicated and high privileged treatments can be applied.

The translated version of: <http://dx.doi.org/10.5812/quranmed.12925>

Copyright © 2013, Quran & Etrat Center, The Ministry of Health and Medical Education; Published by Kowsar Corp. This is an Open Access article distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/3.0>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

than a pulmonary one (2). In addition to asthma, chronic obstructive pulmonary disease (COPD) is also a common cause of death in the world (3). Similarly, interstitial lung disease (ILD) leads to primary and multi-organ involvement of lung parenchyma, in more than 200 diseases (3).

A wide range of respiratory tract diseases, in addition to high prevalence, various complications, and imposing heavy costs on families and health system, make providing more economic and effective methods unavoidable; and it cannot be obtained except through the complete understanding of these diseases.

According to the Iranian traditional medicine, asthma and apnea have different causes, and based on these causes, different applicable therapeutic methods have been provided (4), which any one of them has similarities with that of modern medical diseases, especially pulmonary diseases. The current study has provided the viewpoints of Iranian traditional physicians regarding the causes and symptoms of asthma and apnea, and has compared these causes and symptoms with those of some other pulmonary diseases in modern medicine. Results of the current study lead to conduct further studies, along with performing more effective and applicable therapeutic methods.

2. Evidence Acquisitions

The current study was a review survey on evaluating the discussed causes and symptoms of asthma and apnea in pulmonary and thoracic disease sections of reliable Iranian traditional books of medicine such as “Kamelul-sana’a” of Ali bin Abbas Ahwazi in the 10th century; “Canon in Medicine” of Avicenna in the 10th and 11th centuries; “Sharhul-asba’bva Al-alama’t “ of NafisibnAwazKermani in the 14th century; “Teb Al-akbari” of Hakim Arza’ni in 18th century, and “ExirA’zam” of Hakim Mohammad A’zam Khan Chashti in the 20th century; and compared the results with causes and symptoms of some other respiratory diseases, such as asthma, chronic obstructive pulmonary disease (COPD), interstitial lung disease and other diseases that usually involve respiratory tract and lung parenchyma, after concluding and categorizing the results.

3. Results

Since the above mentioned diseases mostly affect the lungs, first, the importance of lung and respiration, lungs function and diseases, from the viewpoint of Iranian traditional medicine were evaluated in brief, and then the causes and symptoms of respiratory diseases, asthma and apnea, and those of the above mentioned diseases were compared. Regarding the importance and benefits of breathing from the view point of Iranian traditional medicine, many have stated that: survival depends on instinctive temperature moderation, and in-

stinctive temperature moderation depends on moderation in breathing (5), and many others have stated that: lungs are responsible for maintaining heart (6). Regarding the benefits of lungs, many have stated that: heart is surrounded by lungs which fill the chest cavity and are of the vocal and respiratory organs. Regarding the involvement of lungs in breathing, many have stated that: the need to breathe is because of heart, as heart is the source of instructive temperature, and needs something air natured to cool itself and the excrete produced breath steams (maybe carbon dioxide); since sudden and direct entry of air in to heart is harmful, lungs have been placed between heart and larynx, which is the air entrance. In other words, the need to lungs is to process the air, since the air has to be processed and transformed and then go closer to the animal spirit of the heart. Hence, lung tissue is similar to the nature of the air to act as a primary instrument of air procession. By air procession, the air will be transformed to the nature of lungs, and then heart absorbs and processes it, and turns it to animal spirit which this spirit ascends through vessels to brain cavities; where the animal spirit transforms to the sensual spirit. In other words, the need to breathing is to preserve instinctive temperature in moderation, nutrition of animal spirit and production of sensual spirit. Hence, as long as air is in lungs, man is alive; and when lungs are empty and breath steams are gathered in heart, man dies (5). Lungs are also known as the source of life, for rejecting the breath steams and improvement of animal spirit (7). Lungs are organs composed of flesh, cartilage, branches of arterial and venous vessels, and membrane. Respiratory organs also include larynx, lungs, trachea, veins and arteries, midriff (diaphragm), thoracic muscles, and the thorax (8).

Pulmonary and thoracic diseases involve a wide range of diseases in the traditional medicine, from bad breath to difficult breathing, shortness of breath, loaded breathing, asthma, apnea, tuberculosis, cough, snoring, hemoptysis, pneumonia, lung cool tumors, water accumulation in lungs, lung blisters, pulmonary edema, lung weakness, chest pain, pleuropneumonia, HOS (holt-oram syndrome), diaphragmatic inflammation of the pleura, diaphragm edema, suppuration and thorax fester, diaphragm shrinking, and chest tightness (8). These diseases usually occur during the fall and winter, because of cold weather and increasing postnasal drips (which are poured down and damage other organs through the path). Most of the pulmonary diseases lead to liver diseases; in a way that coldness and warmth of lungs and diaphragm diseases (lung membranes) lead to the kind of ascites (7). Asthma, apnea, loaded breathing, and shortness of breath may also lead to ascites (5). Lung can also be considered as an organ that is adjusted to other organs, such as brain, spinal cord, heart, stomach, liver, spleen, intestines and other viscera, uterus, breast, and

the whole body (for example in fevers) (7, 8). As a result, it can be said that a wide range of pulmonary diseases, high seasonal prevalence, complications, and consequences of lack of understanding and treatment of the mentioned diseases, and involving other organs, all indicate the importance of understanding the pulmonary diseases and treatments. Iranian traditional medicine, the indigenous knowledge which is thousands of years old, and is known as the main medical ideology in Iran and Islamic countries (9, 10) and later European countries (9), has broad, comprehensive and complete discussions on pulmonary and thoracic diseases. Hence, in order to deal properly with these diseases and have accurate assessment based on the principals of respiratory diseases, the current study aimed to evaluate the causes and symptoms of asthma and apnea, according to the Iranian traditional medicine. Since accurate assessment regarding a specific disease depends on comprehensive and complete understanding of causes and symptoms of the disease.

3.1. Asthma and Apnea, From the Viewpoint of Iranian Traditional Medicine

Asthma is a pulmonary disease which the patient is forced to breathe successively, like a tired person. This disease hardly improves in the youth, and is not completely cured in the elderly patients. Asthma is a chronic or long-term disease which has severe periods, like epilepsy and seizure (6, 7). Based on another definition, it has been emphasized that asthma patient, without movement, is forced to breathe successively, because healthy but tired person may also breathe successively. The reason of successive breathing is a short time between two breaths, which results from the need for cold air, due to lack of air in heart, following the narrowing of the air vents and fullness of sputum. In other words, by successive breathing, body attempts to compensate the problem with some changes in depth and rate of breath; since when the need for cold air and there is no obstacle, first the breath deepens and then, if necessary, accelerates; and finally gets successive (11). Some physicians call such shortness of breathing which results from the fullness of lung vessels lower than the place which trachea divides into two bronchi branches as asthma, and they know shortness of breathing which results from fullness of trachea divisions and bronchus as apnea. Some other physicians call such shortness of breathing which results from fullness of lung vessels in the place lower than trachea divisions, as asthma and apnea; and know such shortness of breathing which results from fullness of trachea divisions and bronchus as loaded breathing (5, 7). Asthma and apnea are also known as shortness of breathing (11). In fact, shortness of breathing is a complication which occurs due to incidence of damage to the organ, and leads to respiratory dysfunction and weakness, and is the main

cause of most of the respiratory tract diseases, especially asthma, apnea and loaded breathing (5). In loaded breathing (direct breath), the patient cannot breathe; unless he sits straightly or stands up and pulls up his neck to open his respiratory track and facilitate breathing. But during sleeping on back, sides, or grovel, the thoracic muscles and their membranes come on lung, even some parts of lung are placed on the other parts which cause compression of respiratory tract and increasing their stenosis and occlusion, and respiratory tract is only slightly open. Hence, the strangulation occurs, unless the patient sits and keeps his chest and neck straight to facilitate breathing, therefore it has been named as loaded breathing (11). Physicians believe that loaded breathing is more difficult than asthma (7). Sometimes asthma becomes more severe and turns into loaded breathing, and in many cases transforms to pneumonia (7). Shortness of breathing, in which respiratory tract gets tight and narrow, is called "dyspnea" that causes the air penetrate slightly and with difficulty. Asthma may occur without dyspnea, and dyspnea may also occur without asthma. Some physicians believe that asthma, apnea, and dyspnea are the same (7).

3.1.1. Causes and Symptoms of Asthma and Apnea, From the Viewpoint of Iranian Traditional Medicine

1. Congenital (small thorax): this is a congenital disease in which, since birth the chest is tight and breathing organs are not expanded (6, 7).

2. Filled lung, vessels and branches, trachea, and its divisions are filled with concentrated sputum; sputum could be caused in lungs due to three reasons:

- First, since lung tissue is spongy and porous, it absorbs sputum from viscera and thorax. For example, pours down from stomach or liver; hence, it is concluded that cold liver causes asthma.

- Second, sputum pours down from head to lungs. Therefore, asthma may occur suddenly, but in the other cases it occurs gradually.

- Third, sputum may be created in the lungs. For instance, following breathing cold air, drinking and eating cold things and water, lungs get cold. This situation commonly occurs in old people and eventually becomes permanent. The symptoms are: sniffing, cough with excretion of sputum and moisture (to avoid lung damage, with the help of repulsive force) or cough along with chewing (feeling of something in throat), and get aroused by it; shortness of breathing; heavy breathing (indicates physical weakness), and successive breathing which the patient, without fever, tries to enter more air in his lungs through successive breathing; panting or ejecting the tongue from the mouth, like a dog, to expand respiratory tract which shortness of breathing and panting severs with any movement; if concentrated sputum cannot be excreted through coughs, or remedial measures

are not carried out, the patient will be strangled during sleep, because when the patient is awake he can voluntarily change his breathing; for example, make it faster or deeper, but during the sleep voluntary forces do not work. Hence, lungs get full from sputum and the patient is strangled, or suffered from ascites. In this situation lungs do not feed from blood, therefore other organs use it and through this, lungs will be moistened and loose. If the sputum is in lung divisions, shortness of breathing occurs. In this case, breathing starts with smoothing the voice in association with the feeling like excretion of sputum from the throat; and if the sputum is in trachea divisions it can lead to the stable strangle and cause death. In most of the cases, the pulse of such patients is throbbing. These complications are exacerbated by the supine, and reduced in straight sitting. The patient suffers from lack of sleep and prefers expiration rather than respiration (5, 6, 11).

3. Lungs and thorax fullness from heart steams. In other words, heart steam is trapped in respiratory organs and because of the multiplicity of these steams, respiratory tracts tighten and it is impossible to expand them through breathing; hence, the shortness of breath occurs. The symptoms include: pinnacle pulse, deep and successive breath which both result from heart and lung heat, great thirst which is not quenched, more tendency to expiration rather than respiration (like the situation of patient with pneumonia) (5-7, 11).

4. Relaxation (lethargy and sluggishness) in thorax muscles, inability to expand, and instinctive heat weakness, since the weakness has occurred because of instinctive heat which is the basis of all moving forces. Symptoms are: double breathing that refers to the breath which cuts during expiration and respiration; it seems that the breathing is done in two stages, because of physical weakness and disability to expand and retract. Therefore, breathing stops in the middle rests and then continues. "double breathing" is just like a breathing of crying person; "loaded breathing" points to the straight sitting of the patient. In this situation, body muscles stretch down to the lower body, away from thorax and back. Hence, no pressure is imposed on the lungs; "soft pulse", results from body relaxant moistures; "slow breath" which is from abnormal breathings (5-7, 11).

5. Pulmonary edema and compression of the respiratory tract: due to pulmonary edema, or swelling of other adjacent and connected organs, such as diaphragm, the membrane lining of the ribs, liver and spleen, lungs are compressed and cannot to be expanded. Therefore, air tract is narrowed and causes thorax tightness. The symptoms are: first, edema is occurred in one of the above mentioned organs which results in asthma; or the infection occurs in the swelled organ and the produced pus spreads over respiratory system it demonstrates as asthma; excitement of causative agent leads to the excite-

ment of the disease, when the tissue is full of causative agent (5-7, 11).

6. Dry lung: in dry lung, which results from increased physical moistures, the lung shrinks; of course it rarely occurs. The symptoms are: thirst, which results from high interest to the moistures and coldness. Of course, these symptoms are not seen before excessive dry lung occurs; voice thinning results from tightness of respiratory tract; no sputum in throat, reducing asthma by consumption of lung moisturizing foods (5-7, 11).

7. Emphysema: if anything, even in small quantity, is trapped in trachea, it prevents expiration and leads to shortness of breathing. This complication occurs due to eating flatulent foods. The symptoms include: no heavy feeling in thorax and chest associated with shortness of breathing (caused by emphysema causative agent); non-productive cough, exacerbation of symptoms due to the consumption of flatulent foods (6, 7).

8. during an acute crisis (severe) (7): according to the Iranian traditional medicine, severe diseases include different periods, such as days of the crisis of disease.

9. Overcoming excessive bad warm temper on the lungs (7): according to the Iranian traditional medicine, bad tempers are among organ diseases which induce specific complications in each one.

10. Adjacent to membranes and nerves of lungs: brain and spinal cord are the bases of membranes and nerves which are being stretched up to their origin. During the stretch of lung membranes, excessive dry and warm temper cause the membranes lining, the thorax, and flank stretch up which leads to the abnormal breathing. The symptoms are: association of fever to all symptoms; difficulty in movement; disability to cough, or anesthesia when coughing; breath trapping in throat; mind disturbance, because of adjacent of brain membranes to the thorax membranes; solid pulse which is an abnormal pulse (6, 7).

- Asphyxia: asthma can be also considered as complications of asphyxia. Asphyxia is a disease which prevents penetration of air to lungs, and may have different causes (7).

3.2. Similarity Between Some Respiratory Tract Diseases and, Asthma and Apnea, From the Viewpoint of Modern Medicine

Causes and symptoms of asthma: the characteristic of asthma syndrome is highly variable obstruction of the respiratory tract which relieves spontaneously or by medication. A specific kind of respiratory tract inflammation in asthmatic patients causes more sensitivity to irritants compared to healthy people which leads to sever tightness and reduction of respiratory tract diameter along with symptoms such as wheezing and shortness of breath. Tightness of respiratory tract is usually

reversible, but in some patients, who suffer from chronic asthma, is not completely reversible (2, 3, 12). According to the modern medicine, consensus on the definition of asthma is difficult and depends on accurate recognition of etiological mechanisms of asthma, but desirable consensus has been obtained regarding clinical and pathological description of the syndrome (3). From the viewpoint of modern medicine, asthma is a disease caused by interaction between genetic and environmental factors with several risk factors, such as atopy, congenital asthma, infection, genetic predisposition and environmental factors (dietary, air pollution, allergens, and occupational factors); and in many cases, disease mechanism is unknown (2, 3). In pathogenesis of asthma, chronic and specific inflammation of lower respiratory tract mucosa, from trachea to the terminal bronchioles, especially bronchioles, has been considered; and one of the main aims of treatment is to reduce these inflammations (2). The other common finding about asthmatic attacks is the respiratory tract obstruction by mucus plugs, which results from increased mucus secretion. Vasodilation and increasing the number of vessels are other factors which have close relationship with the tightness of respiratory tract, from the viewpoint of modern medicine (3). According to the specific model for respiratory tract inflammation, asthma associates with the response of respiratory tract (3). From another viewpoint, asthma has been considered as a disease associated with inflammation, and continuous and simultaneous restoration. But the relation between chronic inflammatory procedures and symptoms of asthma is not often clarified (3). Impairments related to the autonomic nervous control have also been considered as a factor to increase respiratory tract responses in asthmatic patients that are mostly secondary to asthma (3). Modern medicine has also mentioned the following asthmatic irritants which cause respiratory tract tightness, wheezing and shortness of breath in asthmatic patients: allergens, viral infections, pharmacologic factors, sport, physical factors such as cold air, food, hormonal factors, stress and gastroesophageal reflux (2, 3). In pathophysiology of asthma, the main causes of respiratory tract tightness are respiratory tract swelling after bronchi retraction, congestion of vessels and obstruction of the tract lumen by exudates (3). The characteristic symptoms of asthma, according to the modern medicine, are: wheezing and shortness of breath which is relieved spontaneously or by medication which may excess during the night. These patients may complain about discomfort during filling their lungs with air, and production of mucus may also increase in some patients (2, 3). Diagnosis of asthma in modern medicine usually associates with variable and intermittent obstruction of the respiratory tract, but it is usually confirmed by measuring lung function. Skin prick tests for common inhaled allergens in allergic asthmatic patients is positive,

and is negative in patients with congenital asthma; but none of them helps to diagnose asthma (2, 3). Treatments are mostly focused on medication which includes two main categories as: bronchodilator drugs, and respiratory tract inflammation controllers (2, 3).

3.3. *Chronic Obstructive Pulmonary Disease (COPD), Causes and Symptoms*

It is a morbid condition and air limitation is its characteristic which does not relieve completely. It can be of different types: emphysema, chronic bronchitis, and narrow respiratory tract disease which all involve chronic obstruction. Emphysema has an anatomical definition with the characteristics of alveolar destruction and enlargement. Chronic bronchitis has clinical definition which is a chronic disease associated with cough and sputum. Narrow respiratory tract disease also represents the tightness of narrow bronchi (3). Several risk factors such as smoking, respiratory tract infections, occupational contacts, environmental pollution, and passive contacts or smoking are among probable causative agents of these diseases with common symptoms of cough, sputum, and effort dyspnea. Obstruction of respiratory tract in these diseases is a gradual process, but many patients attribute their illness to a chronic disease (3).

3.4. *Interstitial Lung Disease (ILD), Causes and Symptoms*

Patients with this disease, suffer from progressive effort dyspnea, nonproductive cough or persistent cough. They may also report hemoptysis, wheezing and chest pain. In fact, two major diseases involve lung parenchyma (alveoli, alveolar epithelium, capillary endothelium, spaces between these structures and also tissues around blood vessels and lymph vessels. The clinical demonstrations of these diseases are similar and mostly associated with significant mortality (3). Several causes, such as: contact with asbestos, steams, gases, drugs (chemotherapy and etc.), radiotherapy, smoke, and unknown reasons, have been considered as causative agents of these diseases.

4. Conclusions

With a little care and consideration to the causes and symptoms of the above mentioned diseases, it can be concluded that many clinical symptoms of asthma and apnea, are the same in both modern and Iranian traditional medicines. Besides, in Iranian traditional medicine, each causative agent involves several specific or common symptoms that all indicate scientific knowledge of this holistic medical ideology. In the discussion regarding asthma, Iranian traditional medical books have also provided comprehensive classifications in a way that with better understanding of these diseases,

not only many unknown mechanisms about causes can be explained and interpreted, but also new causes which modern medicine has not indicated, and introduced them as unknown etiology, can be included. For example:

1) Different causes such as small thorax in asthma can be considered as an equivalent to the terms such as kyphoscoliosis, or other similar anatomical disorders in modern medicine.

2) Causality of fullness of lung, vessels and their branches, trachea and its divisions in asthma lymphatic can be considered as an equivalent to chronic obstructive pulmonary disease (COPD).

3) Wheezing in asthma lymphatic can be considered as rhonchi voice.

4) Ascites fever (a kind of ascites) in untreated patients with asthma lymphatic may result from corpulmonary complication.

5) Fullness of lung and thorax from steams of heart, which leads to a kind of asthma, can be also considered as the heart failure which has led to the pulmonary disease.

6) Thorax muscles relaxation causes a kind of asthma which may result from muscular diseases leading to respiratory tract diseases.

7) Asthma which has resulted from dry lung can be considered as pulmonary diseases, such as interstitial lung disease (ILD) regarding chronic and infectious disease.

8) Demonstrations of respiratory conflicts, such as tachypnea and dyspnea in sepsis can also be considered as a kind of asthma caused during an acute crisis.

9) Asthma and apnea which has involved adjacent membranes and nerves is also known as a kind of lung involvement in brain and spinal cord diseases.

10) According to the population who has a genetic predisposition to asthma, it is possible to point predisposition of cold and wet tempered (or phlegmatic) people to asthma, especially after 40 years that body normally has cold temper.

11) High prevalence of susceptibility to the allergens, such as allergic rhinitis and atopic dermatitis, connection between lung and liver and vice versa, incidence of liver diseases, and skin demonstrations of liver diseases resulting from long lasting pulmonary diseases, have been confirmed according to the Iranian traditional medicine.

12) Respiratory tract obstruction by mucous plugs in asthma is also known as sputum pouring down in asthma lymphatic.

13) Provoking a kind of asthma following the exercise in cold weather may lead to dominance of cold weather on lungs, after breathing cold air, drinking cold water, and other asthma lymphatic causative factors.

Finally, it can be concluded that revival and use of Iranian traditional medical knowledge in diagnosis and treatment of diseases can facilitate treating patients; also designing and performing different clinical studies

provide the possibility to benefit from simple, economic, low compliant, and beneficial treatments recommended in Iranian traditional medicine references, regarding respiratory tract and other diseases.

Acknowledgements

The authors send their greetings to all teachers and sages of Iranian traditional medicine who have done many efforts to develop this scientific ideology.

Authors' Contribution

The current study has been conducted by precious guidance of Doctors Minaei and Abtahi, and Professor Ismail Nazem, and has been written by other authors. The corresponding author was Doctor Effat Shahkarami; cataloging and basic counseling was performed by Doctor Effat Jafari. Other authors have also improved the current article with their ideas.

Financial Disclosure

There is no financial disclosure.

Funding/Support

The current study is a part of Ph.D thesis of Doctor Effat Shahkarami, student of Iranian traditional medicine conducted under advisory of Doctors Minaei and Abtahi and has not received any supports from organizations and companies.

References

1. Usman MM, Mufti A, Zarnigar A, editors. Study of Prevalence of Zeequn Nafas Shoabi in the Field Area of NIUM. *Reserach Studies*; Bangalore: National Institute of Unani Medicine; 2007. p. 97.
2. Andreoli TE, Benjamin I, Griggs RC, Wing EJ, Fitz JG. *Andreoli and Carpenter's Cecil essentials of medicine*. Elsevier Health Sciences; 2010. p. 57-63.
3. Fauci AS. *Harrison's principles of internal medicine*. New York: McGraw-Hill Medical; 2008. p. 97-111.
4. Shah AH, Haji A, Siddiqui MA, Ansari AN, Sofi G. Study of Warne Shoab Muzmin (Chronic Bronchitis) with therapeutic evaluation of a Unani formulation. *Indian J Tradit Knowl*. 2011;**10**(4):706-10.
5. Ahvazi A. *Kamel as-Sinna at-Tibbiat*. Rehabilitation Institute of Natural Medicine. 1st ed. Qom: Jalal al-Din; 2008. p. 297-9, 384-5, 411-3.
6. Aviccena. *Quanun fe Teb*. Beyrout: Alamy Le- Al-Matboot institute; 2005. p. 495-6, 509-10.
7. Arzani MA. *Tibbakbari*. Rehabilitation Institute of Natural Medicine. 1st ed. Qom: Jalal al-Din; 2008. p. 473-80, 87, 89.
8. Azam Khan M. *Exir-e-Azam*. Tehran: The Institute for Medical History-Islamic and Complementary Medicine, Tehran University of Medical Sciences; 2004.
9. Tadjbakhsh H. *History of veterinary medicine and medicine of Iran*. Tehran; 1994. p. 185, 259-61.
10. Elgood C. *Iranian Medical history and Lands of the Eastern Caliphate*. Tehran: Amir Kabir; 1991. p. 36-7.
11. Kermani N. *Sharhe Asbaab-o-Alaamaat of Samarghandi*. Rehabilitation Institute of Natural Medicine. 1st ed. Qom: Jalal al- Din. p. 521-9.
12. Asjad Khan M, Anwar M, Nasir Ansari A, editors. Clinical Study of Zeequn Nafas Shoabi and Evaluation of Efficacy of Unani Formulation. *Research Studies*; Bangalore: National Institute of Unani Medicine; 2010. p. 22.