

Best bhramari pranayama: A simple lifestyle

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Moody B. Bhramari pranayama: A simple lifestyle. J Emerg Dis Prev Med. 2022;5(1):1-3.

ABSTRACT

Heart valve Chronic illness patients are more susceptible to infection and have deteriorated lung function. Physical inactivity, poor food, stress, excessive nicotine and alcohol, and sleep disruption all raise the risk of chronic inflammation and immunological impairment, but the evidence does not specify the specific risk factor(s) and their link to immune system impairment. The uncertainty surrounding COVID-19 has heightened the need of identifying therapies that can aid in the

management of risk factors, particularly for healthy people who are at a higher risk of infection and/or immune system damage. Three measures are considered risk factors for systemic inflammation: resting Heart Rate (HR), increased Heart Rate Variability (HRV), and lung function.

Key Words: Resting heart rate; Nitrous Oxide (NO); Humming

INTRODUCTION

The global COVID-19 epidemic has brought attention to the relevance of immunological response, particularly in people with chronic diseases who are at a higher risk of death Ischemic heart disease, stroke, cancer, diabetes mellitus, chronic kidney disease, Non-Alcoholic Fatty Liver Disease (NAFLD), Chronic Obstructive Pulmonary Disease (COPD), and auto-immune and neurodegenerative conditions (all referred to as "chronic disease" in this article) have all been linked to immune and inflammatory processes. Lung dysfunction is linked to systemic inflammation and diseases including diabetes and heart disease [1]. Physical inactivity, poor food, stress, excessive tobacco, excessive alcohol, and sleep disruption all play a role in autonomic dysfunction, systemic (low-grade) There is also a well-established relationship between systemic inflammation and weakened immunity. Inflammatory and immunological indicators are linked in chronic disease patients and can be used to distinguish between preclinical and clinical stages of the disease, as well as consequences and progression [2]. Finally, a weakened immune system raises the danger of infection, and the presence of a chronic condition weakens

the immune system even more. inflammation, and immunological impairment, all of which lead to mental and physical health problems. Risk variables and infection risk have a complicated relationship. Due to confounding factors such as genetic dissimilarity, lifestyle decisions, and environmental exposure, researchers have yet to demonstrate a quantitative association

between altered immune response and illness incidence or severity. Despite evidence that risk factors degrade the immune system, it is impossible to pinpoint any specific risk factor(s) that may be targeted for immune system enhancement [3]. As a result, a lifestyle intervention must target all risk factors in order to improve the immune system's function, which is not feasible. As a public health intervention, being able to find a basic intervention that can have a substantial impact on risk variables could be quite beneficial.

Heart rate variability

The following evidence highlights the link between resting HR, HRV, lung function, and chronic disease. In both healthy adults and chronic illness patients, higher resting HR and lower HRV are connected to higher inflammatory biomarkers. In both healthy and chronic disease participants, higher resting HR and lower HRV are associated with a higher mortality risk. Increased resting HR and decreased HRV are linked to the majority of chronic illnesses, neuropsychiatric disorders, and cancer. As a result, a solution that improves HRV while lowering resting HR could be useful in preventing and controlling a variety of pre-disease and chronic illness states in healthy people [4]. When compared to other HRV time and frequency domain measures, there is sufficient evidence of an association between specific HRV parameters e.g. standard deviation of normal to normal R-R or beat-to-beat intervals or SDNN, and power in the high-frequency band or HF-HRV) and inflammatory markers.

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Received: 04-Jan-2022, Manuscript No. PULJEDPM-22-4213; Editor assigned: 06-Jan-2022, PreQC No. PULJEDPM-22-4213; Reviewed: 23-Jan-2022, QC No. PULJEDPM-22-4213 Revised: 28-Jan-2022, Manuscript No. PULJEDPM-22-4213; Published: 30-Jan-2022, DOI: 10.37532/puljedpm.22.5(1).1-3.



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Numerous studies have found an inverse connection between HF-HRV and several inflammatory markers, even after accounting for sympathetic nervous system activity. This link isn't just evident in healthy people; it's also seen in chronic disease patients. As a result, every lifestyle change that improves HRV may have an impact on physiological and mental health [5]. All chronic diseases necessitate good lung function. Even after controlling for other factors such as smoking, the evidence indicates a considerable rate of loss in lung function in diabetes patients. Lung function decline and other chronic diseases such as heart disease, especially hypertension, have similar findings. The findings also point to a higher risk of chronic disease in people who have impaired lung function.

IMPROVE LUNG FUNCTION

The findings given the inability to pinpoint specific risk factors for improving the immune system, it is suggested that researchers look into activities that influence changes in intermediate measures (e.g., reducing HR, increasing HRV, and influencing lung function) because it may be possible to improve the immune system by reducing inflammation. While the majority of healthy lifestyle choices reduce chronic inflammation, thus enhancing the immune system, a specific mind-body intervention that can support a reduction in HR, increase in HRV, and enhancement in lung function can be of great value for people who are at risk for chronic diseases or who already have chronic diseases. Evidence suggests that yogic techniques, particularly Bhandari Pranayama (humming bee breathing), may be a viable option for lowering HR, boosting HRV, and improving lung function in healthy people. After 10-20 minutes of daily practice for at least 4-6 weeks, research on Bhandari Pranayama has shown a considerable reduction in HR, an increase in HRV, and an increase in lung function - indicating an increased relaxation response. Because it comprises a prolonged intake followed by an even longer exhale while generating a humming sound, Bhandari Pranayama incorporates many of the benefits of Pranayama through slow breathing. The humming sound is similar to mantra chanting, which has been shown to have considerable physiological advantages [6]. Evidence suggests that regular use of such a practice can lead to changes in resting respiratory sinus arrhythmia) and better baroreceptor activity, as well as favourable autonomic effects, comparable to those seen with HRV biofeedback and regular yoga practice. Slow breathing has been recommended as an adjuvant therapy for insomnia in scientific studies, and it is well-known that inadequate sleep impairs the autonomic nervous system, and that an impaired autonomic nervous system has a negative impact on sleep quality.

Bhandari Pranayama has been shown to have a good effect on both sleep and the autonomic nervous system by increasing parasympathetic dominance. Finally, evidence is accumulating that Bhandari has a favorable effect on oxygen uptake due to increased expression of Nitric Oxide (NO). Humming sound vibrations cause air oscillations, which increase air exchange between the sinuses and the nasal cavity. Human paranasal sinuses produce a large amount of NO on a continuous basis, and humming sound vibrations cause air oscillations, which increase air exchange between the sinuses and the nasal cavity. Because NO is anti-inflammatory and helps to non-specific host defence against bacterium, viral, fungal, and parasite infections, recent data suggest that increased nasal NO could play a crucial role in the prevention and management of COVID-19.

The information presented above makes a compelling case for incorporating Bhramari Pranayama into regular practise for healthy people. The use of slow and consistent breathing combined with humming sound vibrations has various mind-body benefits, including improved autonomic nervous system performance, lower blood pressure, improved lung function, and greater focus. According to our evaluation of the literature, there is an opportunity to investigate the impact of such practises on healthy people who are at risk for chronic disease or on those who already have chronic disease. Integrative medicine practitioners should look into how their practise can be included into a lifestyle intervention through public health efforts for disease prevention and quality of life enhancement.

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CONCLUSION

Bhramari practise has the potential to be a very strong public health intervention due to its simplicity and potential advantages in terms of HR, HRV, lung function, autonomic function, attention, and sleep quality. For both healthy and chronic illness participants, this simple activity reduces HR, increases HRV, and improves lung function (excluding cancer and chronic kidney disease where the lung function could already be impaired, making it difficult to do the practice). Integrative medicine practitioners may choose to incorporate Bhandari Pranayama as a lifestyle intervention and look into more research (such as the impact on inflammation, immune markers, cortisol). Nitya virechan (daily therapeutic purgation) was scheduled for all patients because it is the most important Ayurvedic treatment for ascites. Mild purgatives, diuretics, blood purifiers, and hepatoprotective medicines were also administered. Herbo-mineral formulations, decoctions, water extracts of plants, food, and lifestyle management are all examples. Virechana dosage was calculated to achieve (3 vegas-6 vega) avara shuddhi, as well as Sroto and purisha shodhana (cleansing). Only purisha shuddhi was observed in the early days (1 day-3 days) and samyak virechan laxanas in the later days (>4 days). Purisha, pitta, and kapha shodhan were seen, as well as vata antiki. After virechan, symptoms such as hridaya shuddhi (a feeling of clarity in the chest), clarity in the mind, senses, and intellect, laghutva (body lightness), and an increase in thirst and appetite were assessed. During the duration of the study, the virechan dose was raised if the virechan vega fell below 3. If a patient develops more than 6 vega, weakness, or vata vriddhi, the dosage of Virechan is reduced. As the number of virechan days rose, the virechan impact reduced, and dose escalations were used to maintain the shodhan effect. According to the data, 8 patients experienced abdominal pain after 3 days-4 days of continuous haritaki churna intervention; therefore, one day of rest was recommended before initiating virechan by examining the roga bala and other parameters. In patients who spent 15 days in the hospital, the average number of nitya virechan. There were 255 records extracted over the course of 7 years and 10 months. Incomplete documentation, lack of/vague/incomplete documentation of laboratory and serological reports at the time of admission and discharge, lack of abdominal girth measurements, insufficient documentation of intervention, insufficient documentation of day-to-day observations, and so on were found in 200 records. The data of 55 patients met the inclusion criteria. Virechana was the first panchakarma procedure that patients who were not fit for shodhan procedures chose. Treatments were developed based on roga, rogi bala (disease and patient strength), with extra precautions

taken to avoid a rise in vata and a drop in the patient's strength. As a result, the patients did not experience any dehydration symptoms and their normal activities were unaffected. The majority of the patients had laboratory and serological data at the start of treatment, however there was a lack of data towards the conclusion. This could be due to satisfactory clinical improvements, resulting in treatment cessation by physicians to avoid financial burden on patients, patients' reluctance to repeat tests, or even patients' poorer economic circumstances. Clinical improvements could not always be backed up by changes in serological or blood parameters.

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