



# THE NEW ZEALAND MEDICAL JOURNAL

Journal of the New Zealand Medical Association, 20-February-2004, Vol 117 No 1189

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## **Buteyko: an effective complementary therapy**

We agree with the statement made by Holt and Beasley in their recent letter to the NZMJ (<http://www.nzma.org.nz/journal/117-1188/754/>)<sup>1</sup> that asthma poses a significant economic and health burden to New Zealanders. It is acknowledged that the evidence base supporting the use of the Buteyko Breathing Technique (BBT) in asthma is modest. Nonetheless, the four trials currently published in the peer-reviewed medical literature uniformly exhibit positive results with similar magnitude of effect.<sup>2-5</sup> To dismiss this growing body of evidence with inflammatory epithets such as 'pseudoscience' contributes nothing to the debate.

Holt and Beasley note that there was no difference in FEV<sub>1</sub> between the two groups in our study,<sup>4</sup> and erroneously extrapolate a lack of efficacy of BBT. Most patients, and many doctors as well, would regard maintenance of equivalent ventilatory status with the use of vastly less medication (50% reduction in inhaled steroid and 85% in  $\beta$ 2-agonist) as a positive outcome.

Holt and Beasley fail to appreciate that both groups in our trial were instructed to use  $\beta$ 2-agonist on a strictly as-needed basis. BBT teachings are consistent with the advice of the Asthma and Respiratory Foundation, which encourages continued use of preventer medication titrated to the need for reliever medication and use of reliever medication on demand only. We regard BBT as a complementary approach to standard asthma management rather than an alternative.

Conduct of trials on complementary and alternative therapies is difficult. Objective outcome measurement, randomisation, and blinding all require special consideration, as discussed in our paper. We acknowledge that access to funding for investigation of non-drug therapies may prove particularly difficult to

mainstream researchers, many of whom have built careers on research sponsored by the pharmaceutical industry. In light of the social and economic burden of asthma, and the potential benefit of BBT, the challenge to such groups to meaningfully contribute to the evidence is clear.

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