Letters to the Editor

Hormonal and biochemical responses to transcendental meditation

Sir,
The failure of Cooper *et al.* (1985) to demonstrate any hormonal evidence of reduced stress during the practice of transcendental meditation may be due to a number of possible shortcomings in the experimental design.

First, a relatively short time was allowed between cannula placement and the beginning of the experimental period. Whereas Jevning *et al.* (1978a, b) in their finding of reduced serum cortisol during transcendental meditation, allowed a minimum period of 2.5 h between cannulation and the start of the experiment, Cooper *et al.* allowed only 30 min. This may not have been enough time for any stress response arising from cannulation to subside.

Secondly, whereas Jevning *et al.* allowed their subjects to familiarize themselves with the laboratory setting on the day before the experiment, Cooper *et al.* do not seem to have taken this precaution, again possibly giving rise to an unwanted stress factor.

Lastly, whereas Jevning’s findings were in long-term meditators with a minimum of three years experience of the practice of transcendental meditation, it may be that Cooper’s ‘experienced’ subjects did not have the same length of experience, no exact details being given.

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References


The management of acute severe asthma

Sir,
I read with interest the article on ‘The management of acute severe asthma’ by Drs Tatham and Gellert (1985). In response to the unreferenced statement that ‘ipratropium . . . may produce dryness of the mouth, throat, airways and therefore reduce the expectoration of intrabronchial plugs and mucus’, I should like to draw attention to the paper by Pavia *et al.* (1979) where the clearance of secretions from the human lung after inhalation of ipratropium bromide in standard dosage was found to be unimpaired. In a further study using high doses of ipratropium bromide (200 μg t.d.s.), the same group found no impairment of clearance in bronchitics or asthmatics (Taylor *et al.*, 1985).

This theoretical reservation about the use of ipratropium bromide has been raised previously (Crompton, 1982), to which there was a detailed response (Pavia *et al.*, 1982). To date, there is no evidence to support Tatham and Gellert’s (1985)
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