Wheezing and shortness of breath are the main symptoms of bronchial asthma. Patients with asthma showed increased superoxide generation from leukocytes, as well as increased lipid peroxidation products, both of which indicate increased oxidative stress. Ascorbic acid is an important antioxidant which directly neutralizes free radicals; therefore, it is continuously utilized to maintain the redox state in the lungs of patients with asthma. Hatch et al., suggested that ascorbic acid is the major antioxidant substance present in the airway surface lining of the lungs and may protect against endogenous as well as exogenous oxidants. Our present finding of a low ascorbic acid level in wheezing children could be attributed due to its normal physiological function and to neutralize the exogenous oxidants. It has been suggested that ascorbic acid deficiency may be either an underlying factor in the pathophysiology of asthma or a response to asthmatic airways inflammation. Our findings of low ascorbic acid levels in wheezing children with wheezing is in agreement with the earlier reports, wherein of researchers who attributed such kind of lowering the decrease in the plasma ascorbic acid level in plasma to its normal physiological functions, i.e., its utilization including its roles in maintaining the maintenance of the body’s defense mechanism, tissue and in the integrity and replacement, and healing processes of tissues. Destruction of the respiratory mucous membrane during common cold and the consequent reduction of the tissue ascorbic acid level may further delay in the healing of the mucous membrane surface leading to prolonged symptoms of asthma. A study reported shows that serum levels of antioxidant vitamins are decreased in the sera of asthmatic patients with asthma, even during the asymptomatic periods of the disease.
Thus, **Therefore**, this decrease is **does** not **completely** totally dependent on the increased oxidative stress, as reflected by lipid peroxidation products.