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The present study presents five limitations. First, as done in some relative. studies^{9-11, 16, 18, 31, 44-46}, the convenience sampling was a major confounding factor⁴⁷. Convenience sampling is a type of non-probability sampling technique based on the judgment of the researcher⁴⁷. It can lead to the under/over representation of particular groups within the sample (eg. 12/15 patients belonged to group D) -and it can undermine ability to make generalizations from the present sample to the population being studied. While convenience sampling should be treated with caution, its low cost and ease of use make it the preferred choice for a significant number of researchers 10, 11, 31, 44-46, 48-51. It was better to apply for a sample random sampling study as was done for example by Sarraf-Zadegan et al. 17 (Table 1S). Secondly, the non-inclusion of a control-group of non-fasting COPD patients could be considered a serious limitation because the internal validity of the results from these studies and the changes in the variables assessed cannot be attributed solely to RF31. In this regard, it has to be highlighted that obtaining non-fasting groups in Muslim countries is not easy, due to religious beliefs. Indeed, the study of Aydin et al.5 showed that patients with asthma or COPD do not feel their diseases to be an inhibitory factor to fast Ramadan. Nevertheless, among the 16 studies aiming at evaluating the effects of RF on the lung function and/or inflammatory and/or hematological data of healthy^{11, 16-18, 31, 44-46, 48-51} and/or asthmatic⁷⁻¹⁰ and/or COPD¹¹ adults, only two performed in India⁵⁰ and in Iran¹⁰ included control-groups. The remaining 14 studies conducted in Muslim countries (Iran^{8, 9, 17, 18, 44, 51}, Saudi-Arabia^{45, 46} Tunisia^{11, 31}, Malaysia⁴⁹, Egypt⁴⁸, Jordan¹⁶ and Qatar⁷) used Before-R or During-R values as control. Thirdly, it was preferable to evaluate the diet regime of

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COPD patients. In fact, dietary abnormalities could affect the inflammatory and/or hematological systems and the lung structure and/or function ^{18, 52, 53}. Fourthly, it was preferable to re-evaluate the COPD assessment-test27 and the VQ1126 data during the 2nd and 3rd sessions. This could evaluate the impact of RF on COPD respiratory symptoms and health-related-quality-of-life. Fifthly, it was preferable to evaluate the physical activity status of the COPD patients since this status influences the inflammatory and/or hematological systems and/or respiratory function⁵⁴. However, for example, the reported effects of RF on Ht and Hb in physically active individuals have not been consistent ⁵⁵.

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