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FOR YOUR INFORMATION...

A SERVICE FOR LIFE-SPAN PROVIDERS

Dear Life-Span Members:

In my lectures on asthma I try to emphasize several key concepts:

- **Asthma is not just a recurring airway constriction with coughing and wheezing, but more fundamentally a chronic inflammatory disease.**
- **Asthmatics, even when they are asymptomatic and off medication, have on-going inflammation with concomitant airway hypersensitivity or hyperresponsiveness.**
- **Therefore, beta agonist bronchoinhaler therapy, as a primary therapy for asthma, is narrow-sighted. Anti-inflammatory intervention is needed.**
- **Naturopathic medicine offers many science-based natural anti-inflammatory remedies that have been successfully utilized in the treatment and reversal of asthma.**

Read on..... and see my notes following the article.

ASTHMA INFLAMMATION PERSISTS IN TEENS

NEW YORK (Reuters Health, October 13, 2000) - Asthma is a chronic condition marked by wheezing, coughing and difficulties in breathing. Associated with these symptoms are inflammatory changes in the airways. According to results of a study, this airway inflammation may continue even during symptom-free periods in young asthmatics.

Reporting in the September, 2000 issue of the American Journal of Respiratory and Critical Care Medicine, Dr. Leon M. van den Toorn of University Hospital Rotterdam in the Netherlands and colleagues note that though "symptoms of (allergic) asthma often decrease or even seem to disappear around puberty....(a) substantial proportion" of these patients will later experience relapse.

To determine whether airway inflammation might continue during these periods of remission, the investigators studied 21 asthma patients, aged 18 to 25, who had had complete absence of asthma symptoms and had not used asthma medication for one year. Also enrolled in the study were 21 current asthmatics and 18 healthy non-asthmatic participants.

When challenged with substances used to provoke an asthmatic reaction, the patients in remission demonstrated airway responsiveness that was clearly higher than in non-asthmatics, although lower than that seen in current asthmatics.

Given these findings, van den Toorn told Reuters Health, it appears possible that patients with what might be termed nonsymptomatic airway inflammation are "at risk of developing symptomatic asthma again in the future." It could therefore be argued, he added, "that these (patients) should be kept in follow-up and might even benefit from continuing anti-inflammatory treatment, in the short or long term."

SOURCE: American Journal of Respiratory and Critical Care Medicine

Although conventional asthma therapy would recommend oral or inhaled corticosteroid intervention as a primary choice, alternative anti-inflammatories might include any one or combination of the following:

- 1. Identify and eliminate allergic foods**
- 2. Avoidance of gluten cereals if IgG and/or IgA anti-gliadin assay is positive.**
- 3. Identify and reduce exposure to airborne allergens (dust mites, molds, pollens, cockroach antigen, etc)**
- 4. 5 to 9 servings of fresh (non-allergic) fruits and vegetables daily**
- 5. 2 or more servings of fresh oily (non-allergic) fish weekly**
- 6. Avoidance of alcoholic beverages and 2nd hand smoke**
- 7. Avoidance of NSAIDs**
- 8. Avoidance of other "triggering" agents**

Supplementation might include:

- 1. Probiotics**
- 2. Essential fatty acids (primarily omega-3 oils)**
- 3. Quercetin (preferably in combination with bromelain, MSM and vitamin C)**
- 4. Plant sterols**
- 5. Cayenne pepper (an extraordinary "dual blocking" anti-inflammatory)**
- 6. Magnesium**
- 7. B vitamins**
- 8. Standardized ginkgo biloba**
- 9. Standardized Boswellia serrata**
- 10. Others....**

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