

Asthma & Allergy Center

Courteous Competent Care with Compassion

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Featured Article



Summer of 2012

Our Providers

Chandra Kumar, MD

Chang Choi, MD

Asthma & Allergy News

Summer 2012 Newsletter

Greetings!

Summertime is for barbeques, festivals and other outdoor activities, but for the millions of Americans that suffer allergic reactions, summertime brings new obstacles. According to the American College of Allergy, Asthma and Immunology ([ACAAI](#)), allergies can also affect those without pollen sensitivities due to summer fare such as certain fruits and vegetables, campfires or changes in the weather.

Campfire smoke and sudden changes in the weather are frequent triggers for an asthma attack. Wind can spread pollen and stir up mold, affecting those who suffer from grass or tree pollen and mold allergies. Appropriate disease management, correct pretreatment and an effective Allergy / Asthma Action Plan can ensure such diseases are kept in check no matter the season or the temperature.

Insect Stings and bites can trigger more than pain - they can cause anaphylaxis. Knowing what you are allergic to, and having an Anaphylaxis action plan along with one of the Epinephrine kits (and, of course, the exact knowledge how to use it) can avert a major disaster at a picnic in the park. We all know people with serious allergy to insects who do not venture outdoors all summer long due to fear of being stung. Desensitization by allergy injections reduces the risk of anaphylaxis to the same as that of non allergic persons, and can thus enhance the quality of life as well as provide life-saving protection.

Visit the patient education page of www.asthmaweb.com to learn more about asthma and allergies, or call 304-343-4300 to speak with a member of our medical staff.

Mary Lind Veloso, MD

Siwat Kiratiseavee, MD

Tammy Richmond PA -C

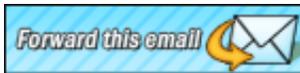
Jenny Guervich PA - C

Jason Trusty PA - C

To Make An Appointment:

Please call us at 304-343-4300 during normal work hours, or leave us a [message here](#).

To Refer a patient please call as above or FAX this [Patient Referral Form](#).



We Want to Hear From You!

Help us serve you and your patients better.

Please send us your comments, suggestions and questions. We look forward to hearing from you.

Our Email address:
asthmaweb@msn.com

Is Inhaled Corticosteroid Therapy as Effective at Lower Dosages?

A recent study found that seven weeks of low dose inhaled corticosteroid (ICS) treatment in adults with mild to moderate asthma, who were corticosteroid free for over 2 months, is as effective in controlling airway inflammation as high dose therapy. High and low doses work equally as well at controlling asthma symptoms after 6 weeks. There was no significant effect to airway remodeling by either after seven weeks.

Corticosteroids are the most effective medication for the prevention and treatment of asthmatic inflammation. Many dose-ranging studies have been conducted to examine the dose-response relationship of ICSs in the treatment of asthma in adults and children. The adverse effects of ICSs have been clearly shown to be dose-related in both adults and children in numerous studies. Although it has been suggested that most of the clinical benefits of ICSs occur at low doses, the results of dose-ranging studies are inconsistent. Some data show no dose-response for FEV1 or asthma symptoms, for airway hyper-responsiveness or exhaled nitric oxide, while other data show a significant dose-response for clinical outcomes.

The null hypothesis of this study was that low dose ICS therapy is as efficacious as high dose therapy, for asthma control, airway inflammation and remodeling in adults. The aim was to examine differences in response to high and low dose ICS, in asthma control, airway inflammation, AHR and airway remodeling in mild to moderate adult asthmatics that were previously corticosteroid free for over two months.

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Why Do Some Children Develop a Peanut Allergy?

Researchers trying to answer this crucial question in order to learn how to prevent this life-threatening food allergy believe that being exposed to peanuts through skin early in life could be a determining factor.

Investigators looked at the blood cells of children with peanut allergy and compared them to children who are not allergic to peanuts. They keyed in on the immune cells that respond to the peanut allergen, and learned that these lymphocytes appear to carry a surface marker - an "address" offering clues about where the peanut allergen was first encountered. They found different markers depending on whether the exposure occurred through the skin (environmental exposure) or through the gut, and learned that the marker for skin was associated with a peanut allergy diagnosis.

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Study Concludes 8% of Children in the U.S. Have Food Allergy

The prevalence of food allergy among children in the U.S. is higher than previously reported, with 8% of children affected, according to the findings of a new study, the largest of its kind to date.

The study, published in *Pediatrics*, the journal of the American Academy of Pediatrics, also revealed that among the 5.9 million children with food allergies, 39 percent have a history of severe reactions and 30 percent have multiple food allergies.

"This study provides us with further compelling support that food allergies are a growing health concern among children in the U.S., and also gives us new information about the demographics of those with food allergies," said FAAN CEO Maria Acebal. "We also have a window into how many of these kids have histories of serious anaphylactic reactions - nearly 40 percent. These findings reinforce the need for increased education and awareness of this potentially life-threatening medical condition."

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Seasonal Allergic Rhinitis Symptoms Relieved Quickly With Immunotherapy

A new review shows that subcutaneous immunotherapy (SCIT), i.e. Allergy Injections, is at least as effective as drug therapy in controlling seasonal allergic rhinitis, even in the first season after treatment starts, a new review indicates.

Collaborators point out that subcutaneous immunotherapy is generally regarded as slow-acting and a second-line option if pharmacotherapy isn't effective or tolerated. They wondered, however, if that "slow acting" reputation was really deserved.

The review concludes that SCIT has not only a disease-modifying and long-term effect, but also has a rather powerful anti-symptomatic effect starting as early as the first season after treatment onset.

The results support the novel concept that cost/benefit analysis of specific immunotherapy in patients with SAR (seasonal allergic rhinitis) should take into account not only its long-term efficacy but also its short-term effect on symptoms.

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The Indoor Environment and its Effects on Childhood Asthma

Recent studies regarding the effects of the indoor environment on childhood asthma show that indoor pollutants and allergens cause asthma symptoms and exacerbations and influence the risk of developing asthma. This is a review of exposure to some indoor allergens and second hand smoke is causally related to the development of asthma in children. Many recent studies have demonstrated an association between exposure to indoor pollutants and allergens and airways inflammation, asthma symptoms, and increased healthcare utilization among individuals with established

asthma.

Summary Studies have provided significant evidence of the association between many indoor pollutants and allergens and asthma morbidity, and have also demonstrated the efficacy of multifaceted indoor environmental interventions in childhood asthma.

There is also a growing body of evidence suggesting that some indoor pollutants and allergens may increase the risk of developing asthma. Future studies should examine mechanisms whereby environmental exposures may influence asthma pathogenesis and expand the current knowledge of susceptibility factors for indoor exposures.

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Asthma and Allergy Center Salutes the WV Asthma Education and Prevention Program

The Asthma and Allergy Center would like to salute the West Virginia Asthma Education and Prevention Program for their dedication to improving the lives of West Virginians with Asthma. The WVAEPP provides access to reliable information and resources and seeks to ensure that all of the state's asthma organizations are working together to provide the greatest range of asthma prevention efforts.

WVAEPP was awarded funds by the Centers for Disease Control and Prevention (CDC) through a five year cooperative grant agreement with the West Virginia Department of Health and Human Resources. WVAEPP funds the operation and facilitation the [West Virginia Asthma Coalition](#) as well as other asthma initiatives and interventions. WVAEPP is housed in the Division of Health Promotion and Chronic Disease at West Virginia Bureau for Public Health.

For more information, visit www.wvasthma.org or contact Program Manager [Cynthia Keely-Wilson](#)

With expert help, effective disease management and minimal advance planning patients with Allergies and Asthma, even those with the most sensitive noses and lungs can enjoy summer festivities.

All of us at the Asthma and Allergy Center wish you a wonderful summer season!

Sincerely,



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