

Asthma Drugs - Medicines Used in Bronchial Asthma

Bronchial asthma is characterised by chronic inflammation of the bronchial tubes resulting in narrowing of the airways. Any kind of inhaled stimulus, such as air pollutants, strong odours, tobacco smoke, etc can trigger coughing and wheezing. There is swelling of inner lining of airways (bronchi) and occasional blockage due to thick mucus (sputum). When the air moves in and out of these obstructed and inflamed tubes the patient longs for a mouthful of breath. Every moment of the day! Attacks of wheezing and coughing in persons with inflamed airways can also be triggered by stress, infection; and sudden changes in climate.

Corticosteroids

Intravenous hydrocortisone 100 to 200 mg given every six hourly for 1 to 2 days is used in the management of acute severe bronchial asthma (status asthmaticus). Although given intravenously, steroids are not quick acting so treatment through inhalation should be continued. Steroids are also useful in long term treatment in certain cases. Here oral tablets are not preferred but inhaler is used to deliver drug into lungs. Some drugs used are:

Drugs Used for Prevention and Long term Treatment of Chronic Asthma

Bambuterol (Bambudil)

Bambuterol is a bronchodilator which is given orally in a dose of 10 to 20 mg once a day.

Salmeterol (Salmeter, Serobid)

It is used by inhalation (MDI) in a dose of 25 ug, twice a day. It is also available in combination with fluticasone (Seroflo Rotacaps contains 50 ug salmeterol + 100-500 ug fluticasone).

Formoterol (Foratec)

This drug is administered through inhalation, in a dose of 12 to 24 ug, twice a day.

Ipratropium Hydrobromide (Ipravent 20 ug/puff)

It is used as 20 to 40 ug, inhalation 2 to 5 times a day. It is more effective in chronic bronchitis with asthma like problems. It can cause dryness of mouth and palpitation. Nebulised ipratropium alongwith salbutamol are given in refractory asthma.

Montelukast (Montair 4 mg), Zafirlukast (Zuvair 10 mg)

These prevent airway inflammation and are effective orally. They are useful in patients who can not take glucocorticoids. Mild adverse effects like headache or skin allergy may occur.

Sodium cromoglycate (Cromolyn)

It stabilizes mast cells (cells responsible for formation of chemicals which cause asthma) and prevents release of constrictor chemicals. It is given by inhalation.

Fintal 1 mg MDI: It is used as 2 puffs four times a day. It is well tolerated by most patients but sometimes irritating cough and brochospasm may occur. It has preventive value only.

Ketotifen: This drug acts like cromolyn but can be given orally in a dose of 1mg twice a day. Adverse effects are sedation, weight gain, nausea and dizziness.

Combination Drugs

Anti-asthma drugs have a big market as the patient has to take them for a prolonged period of time. Pharmaceutical companies, specially the multinationals are cashing in on this by bringing out new drug combinations and increasing prices. There are a number of drug combinations available

in India for asthma. If one drug of a group is unable to provide satisfactory relief, another drug from a different group can be tried or two drugs can be given together, depending on the response of the patient. The common drug combinations available in the market and used more frequently are:

Drug Combinations

Salbutamol 2 mg + theophylline 100 mg (BRONCHO PLUS)

Salbutamol 2 mg + theophylline 100 mg (THEO ASTHALIN)

Terbutaline 2.5 mg + theophylline 100 mg (THEOBRIC)

Terbutaline 5 mg (SR) + theophylline 300 mg (SR) (THEOBRIC SR)

About the Author

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