

Asthma & Allergy Center

Courteous Competent Care with Compassion

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[PENICILLIN ALLERGY:](#)

What percentage of people who report allergy to Penicillin are found to be *really*

Asthma & Allergy News

Spring 2015

Greetings and welcome to the spring issue of the Asthma and Allergy Center Newsletter.

For people with asthma and allergies, spring presents unique health challenges. Warm weather means more time outdoors with friends and family, and staying ahead of allergies is a priority.

The Asthma and Allergy Center is dedicated to keeping you healthy in all seasons. Contact our office for advice on managing your asthma and allergies, and as always, we wish you the best of all spring has to offer!

Waging War on Springtime Allergies

Spring is by far my favorite season. I am so glad that the coldest winter ever is almost over, and I love the start of warm weather. This season is not a favorite of everyone though, especially those who suffer from hay fever. While most of us love seeing the blooming dogwoods and cherry blossoms, people with hay fever anticipate runny sneezing, runny noses and itchy watery eyes.

Hay fever, or Allergic Rhinitis, is caused when the body responds to inhaled pollen by releasing histamine into the nose. When not properly treated, the symptoms can become severe. If you are one of the millions of Americans who suffer from hay fever, there are many ways to prevent allergies from ruining your spring.

Know your enemy

Are you allergic to tree pollen or your pooch, or both? Allergy symptoms are additive. Your dog may cause minimal symptoms all winter long but the ongoing mild inflammation then leads to a much higher response when tree pollen comes along in spring.

Thus finding out what all cause your allergies helps figure out how to fight them. Most of the tree pollen allergy is caused by airborne pollen, which is light and small enough that it can ride the wind for miles.

Some of the trees that cause allergies in West Virginia are: Ash, Beech, Birch, Elm, Hickory, Maple, Oak, Poplar and Sycamore. Incidentally, trees that bear pretty flowers don't cause allergies as their pollen, sticky and larger for insect pollination, is not easily airborne.

Pay attention to pollen counts

Once you know what is causing your allergies; you can begin to avoid them. Look at the daily pollen counts and plan on indoor activities when the counts for your allergen are really high. We have links to Pollen Reports for main WV towns on the Patient Education page of our website ([Click Here To See](#))

Be prepared

Work with your allergy doctor to determine which medicine regimen is right for you and your allergies. Your goal should be to prevent allergies, not endure them.

Start early

Studies show that when allergy medications are started a week or two before allergy season, the symptoms are much less severe.

Make a game plan

Put these strategies together, along with advice from your allergist. Now you have an action plan that will see you through the worst of allergy season.

Spring will be much more enjoyable once your allergies are under control. Let's get out there and have some fun!

www.aceai.org

No Cure for Allergies?

While there isn't a cure for spring allergies, there are many treatments an allergist can prescribe and/or provide. For more severe symptoms, two types of Immunotherapy are available: Allergy Injections and Allergy Drops

Allergy Injections: This Immunotherapy program consists of injections starting with a very dilute allergy extract, administered frequently in increasing doses until a maintenance dose is reached; and then taken twice a month for three to five years to get

allergic when tested?

1 to 2 %

10 - 20 %

40 - 50 %

Food Allergy Facts

As many as 15 million Americans have food allergies.

Food allergies are more severe in the young.

Boys appear to develop more food allergies than girls. Food allergies may be a trigger for or associated with other Allergic conditions, such as Atopic Dermatitis, Allergic

Rhinitis and Asthma. The prevalence of food allergies and associated anaphylaxis appears to be on the rise.

Eight foods account for 90% of all food-allergic reactions: milk, eggs, peanuts, tree nuts, wheat, soy, fish, and shellfish.

Food proteins released into the air from vapor or steam from foods being cooked can potentially cause allergic reactions. It is more common with fish and shellfish allergy.

One can be allergic to a raw food but not if it is cooked; and vice versa.

Food allergy is the leading cause of anaphylaxis outside the hospital setting. Teenagers and young adults with food allergies are at the highest risk of fatal food-induced anaphylaxis.

Individuals with food allergies who also have asthma have a higher risk for severe/fatal food allergy reactions. Children with food allergy are 2-4 times more likely to have other related conditions such as asthma and other allergies, compared with children without food allergies

It is possible to have anaphylaxis without any skin symptoms
www.foodallergy.org

long lasting relief. Immunotherapy helps your immune system to learn to tolerate the allergen rather than fight it; thus reducing the intensity of symptoms caused by allergen exposure. Taken long enough, over a period of time even the skin tests become negative and, so to say, the allergy is cured. Of course the extent of response to allergy injections is different in different people though there is significant and noticeable decrease in symptoms within a few months.

Oral Drops and Tablets: Also called SLIT, for SubLingual ImmunoTherapy, a tablet form of oral Immunotherapy was finally approved by the Food and Drug Administration in 2014, although the concept has been in routine use for years in Europe as allergy drops. The reason is that to meet the FDA requirements any medication used for treatment needs to be purified and its chemical structure clearly identified. Of course that is hard to do for hundreds of natural molecules we can become allergic to and there is no economic incentive for drug companies to go after it. However the exact antigens for many allergens are known now. For Timothy grass and Ragweed the antigens were subjected to clinical trials and were found to be effective to the full satisfaction of the FDA. Many allergists and their patients who had been treated with grass, ragweed (and many other antigens) for years, albeit without FDA approval, had a laugh as they had known for years that the concept worked. The new tablets are taken daily, starting four months before allergy season for that antigen begins, and continued through the season. For West Virginia, the Timothy grass pill would need to be taken daily from February thru August, and the Ragweed pill from April thru November. So if the ONLY allergies you have are to Timothy grass and /or Ragweed, it may be a good option for you. But if you are also allergic to any other allergen such as dust mite, dog, cat, tree pollens, Bermuda grass, weeds other than ragweed, then the tablets are not enough for you. For you the oral vaccine option is (Read On)

Should I Try SLIT?

SLIT administered as Oral Drops been used in Europe for many years to great praise and success. Even though it is not FDA

approved, it is perfectly legal for the doctor to prescribe and for patients to take as long as it is clearly understood that it is not FDA blessed. The drops contain the same allergy extracts as the allergy injections, and are taken daily in increasing doses until maintenance dose is reached. The improvement in symptoms should be noticeable in three to six months but the drops need to be continued for three to five years to get long lasting or permanent benefit. **The drops are available for most inhalant allergens and there is plenty of published peer reviewed medical literature that shows that they work. They are taken at home and carry less risk than the allergy injections.** Although the drops should work for food allergies such as to peanuts, tree nuts, milk and egg, they are considered too dangerous to use at this time. Studies are under way to find safer ways of treating food allergies.

Asthma and Allergy Center offers Oral Drops for treatment of Inhalant Allergies such as Allergic Rhinitis, Chronic Sinusitis and Bronchial Asthma. Please ask or call us to enquire full details about this convenient and safer mode of treatment.

www.asthmaweb.com

Patch Testing Can Identify Allergies to Dental Materials

Dentists are proud, and rightfully so, to bring smiles to their patients. The miracles they perform often need the introduction of synthetic chemicals such as acrylics, alloys, adhesives, latex and sundry stuff in the patient's mouth, sometimes temporarily but often permanently. It is possible to become allergic to one or more of the ingredients in fillings, crowns, or other dental work. The symptoms of such allergy are itching, burning, swelling, 'funny feeling', white patch formation in the oral mucus membrane adjacent to the implanted material. Allergic reactions can also cause Contact Dermatitis of hands and skin in dentists and dental personnel who handle these materials.

This type of allergy is called Delayed Hypersensitivity, and is detected by Patch Testing. Once identified, the offending substance can be removed from the mouth or the dentist's office, and substituted with an alternative that the patient is not sensitive to.

<http://www.ncbi.nlm.nih.gov/pubmed/16958919>

COPD on the Rise

Chronic obstructive pulmonary disease (COPD) is a collection of lung diseases caused by permanent and irreversible damage to the bronchial tubes resulting in airflow obstruction and secondary lung disease. While smoking is the most common cause of COPD, it can also occur as a result of long term untreated Asthma.

COPD is the third leading cause of death in the US, and numbers continue to rise. Quitting smoking and adequate treatment of Bronchial Asthma are preventive.

People with COPD may not know they have it until their disease is in its "moderate" stage, meaning that they are experiencing shortness of breath on exertion, coughing and heavier-than-normal mucus. Misdiagnosis can occur because the symptoms of COPD mimic other respiratory conditions, such as Congestive Heart Failure, Coal Miner's Disease, Silicosis and Emphysema.

Symptoms of COPD include:

- Difficulty in breathing
- Wheezing
- Frequent coughing
- Tightness in the chest
- Shortness of Breath on Exercise

Managing COPD symptoms can make a great difference in the quality of life for those with the disease. There is no one plan for every person, so working with your doctor is a must. Components of an action plan include medication to help alleviate symptoms, supplemental oxygen and pulmonary rehabilitation, breathing techniques, exercise, and avoiding cigarette smoke and other respiratory irritants.

Because respiratory illnesses, such as the flu and Pneumonia, can cause serious complications in people with COPD, those people should get flu shot yearly and pneumococcal vaccine as recommended by CDC. There are TWO TYPES of Pneumococcal vaccines and all seniors are advised to be up to date on both.

www.acaai.org

Asthma Linked to Sleep Apnea

A new study from the University of Wisconsin School of Medicine and Public Health reports that patients with asthma have a

greater chance of developing obstructive sleep apnea (OSA). OSA is a disease that causes breathing to start and stop repeatedly during sleep. The longer a person has asthma, the greater a person's chance of developing OSA.

Investigators tested the idea that asthma is a risk factor for later developing OSA by drafting people to participate in a sleep study. The study took place beginning in 1998 and took place in 4-year intervals ending in March 2013. During that time, asthma and related information were assessed and analyzed.

Since Obesity is a well known risk factor for OSA, Overweight Asthmatics are at even greater risk. If you snore at night, are sleepy in daytime, don't feel refreshed after having slept for 6 - 8 hours, and you are overweight please bring up this issue when you visit us next, and we will order tests and refer you to appropriate specialist if necessary.

www.medscape.com

Allergic To Penicillin

More than one in ten patients we see in the office claim to be allergic to Penicillin. When tested, 80 - 90% of them are NOT allergic and can safely take Penicillin. The basis for that claim is often nebulous, such as mom or siblings being allergic to it or skin rash after a course of Penicillin etc. But even if you have had a real allergic reaction such as hives or anaphylaxis, the chances of your still being allergic ten years later are only 20%.

Once labeled 'Allergic to Penicillin' in the medical records, doctors will not give you Penicillin or Cephalosprins. The alternatives to Penicillin have more toxic side effects, are more expensive and have broader spectrum, meaning they kill more of the friendly bugs too. A more serious problem is that overuse of stronger antibiotics where Penicillin is all that was necessary, leads to development of more resistant bugs in your body as well as the community.

Penicillin Allergy Testing is a simple procedure that can be done in our office. It consists of skin tests with two Penicillin derived antigens. If the tests are negative, we give you a small and then a full dose of a Penicillin drug under close observation to ensure that you can tolerate it. If the tests are positive you are advised to continue to avoid Penicillin and get retested after 5 years. We will give you a letter for your doctor with the test results. Almost all health insurance policies cover the tests as a medical service.

To schedule Penicillin Allergy Testing call our office now or discuss it with the doctor when you come in next.

With expert guidance, you and your families can enjoy all the fun that comes with spring.

At the Asthma and Allergy Center, we're ready to help you make the most of all that spring holds in store!

Sincerely,

Chandra M Kumar MD

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