



Treatment of Late-Onset Asthma

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From Dr. Gabe Mirkin's website <http://www.drmirkin.com>

If you were in good health and suddenly developed coughing and wheezing and you went to your doctor, the odds are overwhelming that you would be diagnosed with an infection called bronchitis and be given antibiotics. However, if the antibiotics did not clear up your cough in a week or two, your doctor would then probably diagnose late-onset asthma, tell you that you are allergic and send you to an allergist. Your allergist or chest specialist would then prescribe either cortisone pills or inhalers and you would get better, but you would not be cured, and the odds are that you would spend the rest of your life with an incurable disease called late-onset asthma. Chances are that, over time, your asthma would worsen and you would end taking cortisone-type pills and probably die prematurely with your disease.

Late-onset asthma is usually not caused by allergies and cannot be improved by taking allergy shots. Richard Martin of the National Jewish Hospital in Denver reports that he has successfully treated symptoms in people diagnosed with late-onset asthma and who grew mycoplasma or chlamydia out of their

lungs. This is very exciting, because until recently, asthma that develops after puberty has been considered an incurable disease. Fifty-five subjects with chronic, stable asthma had PCR cultures for chlamydia and mycoplasma. 31 out of the 55 grew chlamydia and mycoplasma from their lungs and these people were treated with clarithromycin, 500 twice a day for 6 weeks. The vast majority improved by every measured variable (1).

The Journal of the American Medical Association reviewed articles showing that asthma that starts after puberty can be caused by an infection. **Mycoplasma, chlamydia and ureaplasma** are bacteria that are unique because they live inside of cells and are extraordinarily difficult to grow in culture media in the laboratory and therefore are extremely difficult to find with routine culture techniques (2).

At the 37th Interscience Conference on Antimicrobial Agents and Chemotherapy in Toronto, papers were presented showing that Mycoplasma is a common cause of pneumonia in young adults and children, a common cause of meningitis, nerve damage, heart muscle infection (myocarditis) and arthritis, and a common cause of asthma in young adults. One paper showed that a significant number of young adults who develop asthma caused by mycoplasma fail to develop antibodies to kill that bacteria, so they continue to be infected for the rest of their lives. Another paper showed that another intracellular bacteria called ureaplasma is a common cause of asthma in young children. Since practicing physicians usually do not have an available laboratory test to find chlamydia, ureaplasma and mycoplasma, doctors should consider prescribing antibiotics for some people with persistent wheezing and coughing. (azithromycin, clarithromycin, dirithromycin, minocycline or doxycycline)(3)

It took most doctors more than 15 years after the discovery of helicobacter to start treating stomach ulcers with antibiotics. Think of how many people have died of bleeding ulcers and stomach cancer because of their physician's intransigence or unwillingness to accept new information. According to these

recent studies, at least some cases of late-onset asthma should be treated with antibiotics. However, this is highly controversial and not accepted by most doctors; discuss this with your doctor.

1) Mycoplasma pneumoniae and Chlamydia pneumoniae in asthma – Effect of clarithromycin. Chest, 2002, Vol 121, Iss 6, pp 1782-1788. M Kraft, GH Cassell, J Pak, RJ Martin. Martin RJ, Natl Jewish Med & Res Ctr, Dept Med, 1400 Jackson St, Room J115, Denver, CO 80206 USA

2) JAMA, 1997 (December 17);278(23):2051-2.

3) JD Klausner, D Passaro, J Rosenberg, WL Thacker, DF Talkington, SB Werner, DJ Vugia. Enhanced control of an outbreak of Mycoplasma pneumoniae pneumonia with azithromycin prophylaxis. Journal of Infectious Diseases 177: 1 (JAN 1998):161-166.

4) DL Hahn. Treatment of Chlamydia pneumoniae infection in adult asthma: A before-after trial. Journal of Family Practice 41: 4 (OCT 1995):345-351. Forty-six patients (mean age 47.7 years; range 17 to 78) with moderate to moderately severe, stable, chronic asthma were treated a median of 4 weeks (range 3 to 9) with oral doxycycline (100 mg twice daily), azithromycin (1000 mg once weekly), or erythromycin (1000 mg daily). Post-treatment pulmonary function and asthma symptoms were compared with baseline values. Follow-up was an average of 6 months (range 1.5 to 36) post-treatment. Results. Four patients with C pneumoniae respiratory tract infection developed chronic asthma, which disappeared after treatment in each case. Of the remaining 42 seroreactive patients who were treated a mean of 6 years after the development of chronic asthma, one half had either complete remission or major clinical improvement (3 and 18 patients, respectively). This improvement was significantly more likely to occur in patients with early disease ($P=.01$) and before the development of fixed obstruction ($P<.01$). Conclusions. Antimicrobial therapy appeared to "cure" or significantly improve asthma in approximately one half of treated adults, and the response pattern was consistent with

chlamydial pathogenesis. C pneumoniae infection in asthma may be clinically important and should be investigated further. 5) HW Chu, M Kraft, JE Krause, MD Rex, RJ Martin. Substance P and its receptor neurokinin 1 expression in asthmatic airways. Journal of Allergy and Clinical Immunology, 2000, Vol 106, Iss 4, pp 713-722.

With so much information exploding all around us, finding a nugget of knowledge is not nearly as important as what we do with it.

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