



*(Left) Dr. Tillinghast and Dr. Korenblat provide welcome relief to patients like J.T. Altmayer. (Above) Doctors Korenblat, Tillinghast and Subramanian.*

# Making Sense of Asthma

“One unfortunate truth in my field,” acknowledges allergist **Phillip E. Korenblat, M.D.**, “is that, as of now, no cure exists for asthma.” The respiratory disease, which constricts bronchial passages and makes breathing wheezy, is no insignificant matter. It affects 17 million people nationwide and stands as the country’s most common childhood affliction. As many as 5,000 Americans a year die of it. However, says the Professor of Clinical Medicine at Washington University School of Medicine in St. Louis, when it comes to treating asthma and its associated respiratory illnesses, never has there been more options than there are today.

The intricacy of treating asthma is what Dr. Korenblat is about. In addition to his academic appointment and teaching responsibilities at Washington University, the longtime private practitioner today co-owns and directs Associated Specialists in Medicine with his partner, **Jeffrey P. Tillinghast, M.D.** Since 1989, the group practice has helped patients handle frustrating and hard-to-treat allergy symptoms. Dr. Tillinghast, also a faculty member at Washington University, specializes in immunological questions related to allergies, asthma, and other immunologic diseases. Associate **Hamsa N. Subramanian, M.D.**, focuses on women and children’s issues in these diseases as well as drug allergies and chronic sinusitis.

What helps keep these physicians on the fore of care is their other endeavor, The Clinical Research Center, a proving ground for emerging therapies. At the

Center, their patients, as well as other patients within the greater St. Louis community, have the opportunity to enroll in trials to test new medications. “When those medications become available for general use, we know them very well and have had significant experience using them,” explains Dr. Tillinghast. This gives patients the chance to experience tomorrow’s medicine today.

Among relatively new drugs on the scene is a medication that targets a previously untapped inflammatory mechanism in the body. The four-year-old drug, known as a leukotriene receptor antagonist, blocks specific molecules that tell the body to produce mucus and tighten airways. Another very exciting medication that is almost ready for release is Xolair a monoclonal antibody that binds to IgE (the allergic antibody). Xolair, by binding to IgE, inactivates it preventing it from initiating an allergic reaction. This molecule holds great promise for the treatment of allergic disease. It is one example of a host of very specific molecules that are being developed that can inactivate specific allergic pathways without having any significant side effects. Other new meds include a range of inhaled corticosteroids that reduce inflammation and long-acting bronchodilators.

Asthma can be mysterious and difficult to understand. Across the country, standards established by the National Heart, Lung and Blood Institute form guidelines for treatment. Even so, cautions Dr. Tillinghast, “all too often patients are diagnosed and treated for asthma when they don’t even have it.” A

thorough diagnosis requires a pulmonary function test, in which patients breathe into a machine that measures air flow in the bronchial passages. What’s more, many asthma patients also suffer from allergic rhinitis or chronic sinusitis. Additional tests, including a CT scan, help reveal if sinusitis is part of the problem and if antibiotics are necessary.

To piece together the puzzle, seeing a

specialist is a good bet. “We know patterns of the disease,” Dr. Korenblat explains. “When a member of our group takes a history and performs a physical exam, they have a good sense of how a patient’s condition will evolve and exactly which medications will be most beneficial.”

For information or referrals: (314) 542-0606 ■

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## Ahead of the Game

It can take seven years for a drug to go from the laboratory to the pharmacy. Rigorous trials are necessary before a medication gains approval from the Federal Drug Administration. For patients whose symptoms aren’t helped by drugs on the market, participating in a clinical trial is sometimes a way to get a jump on emerging therapies.

“We have an extensive database of patients interested in participating in clinical research,” says Jane Mang, R.N., Manager of the Center, which is staffed by a team of registered nurses who oversee patients’ care. Most of our clinical research participants come from our research database. This database is being increased and upgraded daily, and people interested in clinical trials can call The Clinical Research Center at **(314) 514-8509** to have their name included into the database.

A study might last a few weeks or two years, but everyone undergoes approval by an Institutional Review Board that confirms the test is safe and ethical. Patients receive careful, explicit education about the medication under investigation. They receive diagnostic tests like blood work, CT scans, allergy tests at no charge. They’re also paid for participating and may drop out of the study at any time.

“If I see that a patient may benefit from a trial, I explain it,” says Dr. Korenblat. “We’re very careful to never make patients feel obligated.”

Some patients discover a medication that relieves their symptoms often years before the drug is available. Occasionally research participants are provided with study medication until it is generally available. “Regardless, when the drug reaches the market, they are already aware of their response to that medication,” says Dr. Korenblat. “It’s an opportunity to participate in the future of medicine experiencing tomorrow’s medicine today.”

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