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Certain case reports have documented tiotropium as a useful steroid sparing agent however future clinical trials are warranted that explore the use of tiotropium as a potential 'steroid-sparing agent' in severe refractory asthma (Kapoor, 2009).

9. Immunomodulator therapy as steroid sparing

Methotrexate: Methotrexate may have a small steroid sparing effect in adults with asthma who are dependent on oral corticosteroids. However, the overall reduction in daily steroid use is probably not large enough to reduce steroid-induced adverse effects. This small potential to reduce the impact of steroid side-effects is probably insufficient to offset the adverse effects of methotrexate (Davies, 1998).

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consequences of this disease with resultant cost-effectiveness and risk benefits analysis leading to best control of asthma. As far as steroids are concerned, there is over fear of its side effects in the patients as well as physicians which has to be removed. It should be make clear that steroids are friends of asthma pts if optimally used but if overused it may turned out to be foe, hence emphasis should be given on the optimized and appropriate use of steroids based on the asthma severity. Hence physicians should try to use the both edges of this “double edged sword” for the benefit of patients.

In addition to pharmacological intervention, emphasis should always be given on the patient’s education about asthma including its pathogenesis, medications, inhalation technique and strict environmental control on every visit of the patient. Definitely the safety issues of the use of steroids in asthma has to be taken in to consideration in order to address the instructions of Hippocrates, “first do no harm” in relation to the steroids, however steroids continue to be the most potent and the most effective controller medication for asthma, and their use in the appropriate clinical setting remains invaluable for the control & management of asthma in clinical practice.

Author details

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11. References


