

Cultural and disease

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The disease that I am writing about today is Asthma. This disease is a severe allergic reaction in which the bronchial tubes in the lungs swell and become blocked with mucous. The membranes lining the inner walls of the air passages become inflamed, causing the airways to narrow and making it difficult to breathe. Asthma affects roughly 17 million Americans. Five million of those affected by this disease are under the age of 18, making asthma the most common chronic childhood disease. That means that roughly 1 in 20 people out of the general American population including children currently suffer from this incurable disease.

This disease causes more than 14 people to die daily from asthma. In my research I found that over the past decades these figures have been steadily increasing in the United State. As our air, water, and food become more polluted with chemicals more people are affected by Asthma. We will continual to see an increase in this disease as long as infants are introduced to solid foods at an early age, and food additives increase, and plants are genetically manipulated to form foods that have a higher allergic potential.

Symptoms of asthma may include recurrent attacks of breathlessness, wheezing when breathing out, a dry cough, and excessive mucous. Tightness in the chest during a severe attack, also include sweating and rapid heartbeat, distress and anxiety, an inability to sleep or speak. This disease potentially increased vulnerability to the effects of exposure to air pollutants. There are those who are innately more susceptible to the effects of exposure to air pollutants than others.

Those who become more susceptible for example as a result of environmental or social factors or personal behavior and those who are simply exposed to unusually large amounts of air pollutants. Very young children and unborn babies are also particularly sensitive to some pollutants. People with cardio-respiratory disease or diabetes are susceptible to having Asthma. Also people who are exposed to other toxic materials that add to or interact with air pollutants and those who are socioeconomically deprived. When compared with healthy people, those with respiratory disorders such as chronic bronchitis.

Asthma has become one of the top chronic conditions in the United States. It disproportionately affects minorities of school age children and youth. Approximately one in 15 Americans suffers from asthma¹ and an estimated 4 million children under 18 have an asthma attack each year. Many African-Americans are exposed to unhealthy living and working conditions that trigger more asthma diagnoses than in any other race or ethnic group. Inner-city living conditions typically are crowded and less sanitary, which creates greater exposure to allergens and an increased risk of developing asthma.

In a 2002 study, the American Lung Association reported that 71 percent of African-Americans lived in communities where federal air pollution standards were not met, compared to 58 percent of the white population. There are an estimated 1 million to 2 million new cases of asthma diagnosed in the United States each year. Approximately 3 million African Americans have been diagnosed with asthma at some point in their lives. The Prevalence of asthma in African-Americans is 30 percent higher than whites.

Although children of all races and ethnicities are affected, asthma appears to be more prevalent among children who are poor, African-American or Puerto Rican. Asthma is the most common childhood chronic disease and is a national public health concern that challenges both health care and school systems. A quarter of the United States population is made up of children, who comprise 40 percent of reported asthma cases. According to the Centers for Disease Control and Prevention (CDC), nearly one in 13 school-age children has been diagnosed with asthma. Many parents are not informed about how to properly manage their child's asthma attacks.

This increase in pediatric emergency room visits. Medicaid had more severe asthma and used fewer preventive medications than all children in the same managed Medicaid population. Asthma is one of the most common chronic diseases in children, with increasing morbidity and mortality. A genetic predisposition and exposure to allergens have been implicated as major risk factors for the development of asthma. However, increasing evidence indicates that the mother plays a crucial role in mediating the development of fetal-infant immune responses to inhaled allergens.

The exact nature and mechanism of this maternal influence and how it might be associated with the development of allergic sensitization and asthma are not clear. Under normal conditions the maternal environment during pregnancy promotes an initial skewed immune response in the offspring which transitions to a non-allergic type response after birth. However the allergic mother's influence may delay the normal transition to a non-allergic immune response to inhaled allergens in her children increasing the risk for the development of allergic sensitization and or asthma.

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Understanding the underlying mechanisms by which the maternal immune environment can influence the development of the fetal-infant immune response to inhaled allergens may lead to identifying new targets for the prevention of allergic sensitization and asthma. Asthma cannot be cured, but it can be controlled with proper asthma management. The first step in asthma management is environmental control. Asthmatics cannot escape the environment but through some changes they can control its impact on their health. Some asthmatics use a peak flow meter to gauge their lung function. Lung function decreases before symptoms of an asthma attack occurs.

If the meter indicates the peak flow is down by 20 percent or more from your usual best effort an asthma attack is on its way. Other way to managing asthma involves is to use medications. There are two major groups of medications used in controlling asthma attack. Anti-inflammatory corticosteroids and bronchodilators. Anti-inflammatory this medication reduces the number of inflammatory cells in the airways and prevent blood vessels from leaking fluid into the airway tissues. By reducing inflammation you can reduce the spontaneous spasm of the airway muscle and reduce having a asthma attack.