



Inhalers deliver very small doses directly to the lungs, where they are needed. These doses are targeted, minimal, and safe, with little impact on the rest of the body. PHOTO/Al

10 dangerous myths Ugandans believe about asthma

Despite affecting thousands of Ugandans, asthma remains widely misunderstood. **Dr Kanishka Salunkhe**, a pulmonologist, breaks down the common myths that delay diagnosis, fuel fear, and prevent proper treatment.

Uganda's asthma prevalence is estimated to be between six and 11 percent. However, very few individuals have a formal diagnosis, and even fewer receive consistent and appropriate treatment.

Every day, Dr Salunkhe encounters patients who have been suffering from asthma for years without realising it. The term "allergies" is often used as a catch-all explanation, overshadowing what is, in reality, a chronic and potentially serious condition. Having worked across India, Malaysia, Tanzania, and now Uganda, he has noticed a troubling pattern of misinformation and delayed care.

"At times, it feels like I am a small voice in a very loud space filled with myths and misunderstandings," he says.

By 2026, asthma is no longer a mysteri-

66

Breathe. In reality, asthma can affect anyone at any age, remains silent for years, and can only be controlled with consistent care, not cured. Early diagnosis, proper treatment, and daily inhaler use can prevent attacks, protect the lungs, and allow people to live normal, active lives without limitations," says Dr Kanishka Salunkhe, a pulmonologist.

ly manageable, with safe and effective treatments widely available. However, effective management begins with understanding.

"Until we move away from myths and towards informed care, too many patients will continue to suffer unnecessarily from a condition we are fully capable of managing."

Here are 10 common misconceptions about asthma that urgently need to be addressed:

1. Asthma is lifelong; it can only be controlled, not cured

It is common to hear adults say they "had asthma as children" but no longer have it. In reality, asthma often goes quiet rather than disappears. During adolescence, hormonal changes and lung development can reduce visible symptoms. However, the underlying inflammation may persist. Over time, this silent process can gradually damage the airways. By the time symptoms return later in life, the lungs may already have undergone changes that could have been prevented with consistent management.

2. Asthma is not just a childhood disease

Many people believe asthma only af-

ly in life, asthma can develop at any age. It is not unusual for someone to first experience symptoms in their 40s or 50s. This late onset often leads to confusion, delayed diagnosis, and, in some cases, treatment for the wrong condition.

3. Common irritants are triggers, not the root cause

Many patients attribute their asthma entirely to dust, cold air, smoke, or strong perfumes. While these factors can worsen symptoms, they do not cause asthma.

Asthma already exists in the airways. These environmental exposures simply irritate sensitive lungs, triggering symptoms such as wheezing, coughing, or breathlessness. Avoiding triggers alone is not a substitute for proper treatment.

4. Asthma can remain silent for years

One of the more surprising aspects of asthma is how quietly it can behave. In many cases, the condition exists in a mild or unnoticed form for years before becoming obvious.

This silent progression often results in delayed diagnosis and missed opportunities for early intervention.

5. Diagnosis is often clinical, not just test-based

There is a common belief that a single test can confirm or rule out asthma. While lung function tests are helpful, they are not definitive in all cases, especially in mild disease.

Patients may have normal test results and still have asthma. This is why clinical judgment remains central. A detailed history, including patterns of cough, wheeze, triggers, and response to treatment, often provides more insight than a single test.

6. Genetics play a role, but asthma is often unpredictable

Genetics can increase the likelihood of developing asthma, but it is not a guarantee. Many patients have no family history, while others with strong genetic links

WHO ON ASTHMA

According to the World Health Organisation, most asthma-related deaths occur in low- and middle-income countries, particularly in Africa, where the disease is often underdiagnosed and poorly managed. Contributing factors include limited access to essential inhaled medications, weak primary healthcare systems, and low awareness of the condition.

The organisation emphasises that asthma can be effectively controlled with appropriate treatment, especially inhaled medications, along with proper patient education. It also highlights the impact of environmental triggers, such as air pollution, tobacco smoke, and dust, which are prevalent in rapidly growing urban areas throughout Africa.

Asthma does not always follow predictable patterns. It can affect anyone, at any stage of life.

7. Asthma attacks are the final stage, not the beginning

Contrary to popular belief, asthma attacks rarely occur without warning. In most cases, lung function gradually worsens over several days. Patients may notice subtle signs such as increased coughing, mild chest tightness, or reduced exercise tolerance. These early warnings are often ignored, allowing the condition to escalate into a severe attack.

8. Waiting for an attack is risky management

A common pattern is patients seeking treatment only during severe episodes. They visit emergency units, receive high-dose steroids, improve temporarily, and then return home until the next attack.

This cycle continues because the underlying disease is never properly managed. Waiting for an attack is like ignoring smoke in your home and only reacting when the fire has already spread. Asthma care should focus on prevention, not crisis response.

9. Inhalers are safe, effective, and essential

Few treatments are as effective and as misunderstood as inhalers. There is widespread fear surrounding the word "steroid," leading many patients to avoid daily inhaled medication.

In reality, inhalers deliver very small doses directly to the lungs, where they are needed. These doses are targeted, minimal, and safe, with little impact on the rest of the body.

Ironically, many patients who fear inhalers accept large doses of injected steroids during emergencies, in significantly higher doses. This contradiction is largely driven by misinformation.

10. With proper control, asthma should not limit your life

Asthma is highly manageable with consistent, daily treatment. With good control, patients can live normal, active lives, including exercising, swimming, and participating in demanding physical activity. The goal of treatment is not just to relieve symptoms, but to allow individuals to live fully and without limitation.

Asthma does not have to be a life of restriction or repeated emergencies. With the right information, early diagnosis, and consistent care, it is a condition that can be effectively controlled and one that should never stand in the way of a