INTRODUCTION

Bronchial asthma is a chronic inflammatory disease characterized by airway hyper-responsiveness and episodic respiratory symptoms, such as breathlessness, wheezing, chest tightness and coughing ***(Madlox and Shwartz, 2002).***

Numerous cell types, including eosinophils, T cells, mast cells, basophils, and neutrophils, play a role in triggering air way inflammation***(Hamid, Tulic and Lie, 2003).***

Cysteinyl leukotrienes and other mediators released by such inflammatory cells have been shown to play a critical role as determinats of pathological conditions of bronchial asthma ***(Coffey and Petters 2003).***

Inhaled corticosteroids (ICSs) are used as medication for early intervention and long – term management of childhood asthma ICS are effective because they directly reach the airway and intensively inhibit air-way inflammation ***(Bhalayo and Sandham, 2002).***

Some reports have recommended combination of ICS monotherapy with other classes of drugs and others recommend ICS monotheraby with increased doses ***(Helms, 2000).***

Such combined therapy for longterm asthma management has been shown to be more effective in controlling mild to sever persistent asthma in children.

These drugs include long acting inhaled B2 agonists, theophylline and antileukotriene receptors antagonist ***(Fursho and Nishima, 2002).***

So we are searching on the effective controller therapy between increasing the dose of ICS and using it as monotheraby and the use of ICS with other controller medication like theophylline and anatileuktriene receptor antagonist.