



IMAGE AWARENESS WELLNESS INSTITUTE

Respiratory Allergy

1271 HIGH STREET, AUBURN, CA 95603 • PHONE (530) 823-7092 • ORDER LINE (800) 359-6091
HOURS: TUES. – FRI. 10 A.M. – 4 P.M. • E-MAIL: MAIL@IMAGEAWARENESS.COM WEB: WWW.IMAGEAWARENESS.COM

June 2012

Volume 8: Issue 6

INTRODUCTION

The medical term for respiratory allergy is allergic rhinitis—irritation and inflammation of the mucous membrane inside the nose. About 7.7% of the population of the United States suffered with allergic rhinitis serious enough to require treatment in 1996. The cost was 3.4 billion dollars.

The term rhinitis can also refer to runny nose caused by viral or bacterial infections. An example would be the common cold.

Any condition which ends with “itis” involves inflammation. This condition involves inflammation of the mucous membranes of the eyes, ears, and sinuses. The inflammation most often results from exposure to allergens. It is believed that up to 20% of the American population suffers with this condition.

Symptoms include nasal congestion, runny or dripping nose, and sneezing. Difficulty breathing can make sleep very difficult leading to profound fatigue and sleepiness during the daytime hours and loss of motivation. Symptoms can occur at a particular time of the year or continuously.

Loss of the sense of smell often accompanies inhalant allergies. They can also be accompanied by coughing, headache, nasal itching, and puffy or reddened eyes.

There is often a great deal of mu-

cous produced as a consequence of rhinitis. This mucous is often swallowed. This may impair the functioning of the hydrochloric acid in the stomach and make it more difficult to digest foods.

Skin prick and blood tests can fail to detect the cause of allergic rhinitis. Several studies have shown that over 40% of people diagnosed with nonallergic rhinitis actually suffered with local allergic rhinitis. This is a condition in which antibodies in the nose react to a specific allergen without the presence of a systemic allergy.

Allergic rhinitis is often treated with antihistamines. Researchers at the University of Manitoba in Win-



nipeg, Canada reported in 1994 that three commonly used antihistamines could spur cancer growth. These drugs were Claritin (Loratadine), Hismanal (astemizole), and Atarax (Hydroxyzine). The researchers suggested a warning label on the drugs. U.S. officials refused.

There are a number of nutrients which may decrease or eliminate the need for these antihistamines including vitamin C and flavonoids, vitamin E and vitamin A. Risk of these nutrients is relatively low.

REFERENCES:

Law AM, Reed SD, Sundy JS, et al, Direct Costs of Allergic Rhinitis in the United States: Estimates From the 1996 Medical Expenditure Panel Survey, *J Allergy Clin Immunol*, February 2003;111(2):296-300.

Law AM, Reed SD, Sundy JS, et al, Direct Costs of Allergic Rhinitis in the United States: Estimates From the 1996 Medical Expenditure Panel Survey, *J Allergy Clin Immunol*, February 2003;111(2):296-300.

Apter, Andrea, J., et al, Allergic Rhinitis and Olfactory Loss, *Annals of Allergy, Asthma and Immunology*, October 1995;75:311-316.

https://en.wikipedia.org/wiki/Allergic_rhinitis#Local_allergic_rhinitis

Fackelmann, K.A., Do Antihistamines Spur Cancer Growth?, *Science News*, 1994;145:324.

CAUSATION

Development of inhalant allergies may be traced back to the nutrition of a mother during pregnancy. One study found that the higher a pregnant mother’s vitamin D intake from food during pregnancy, the lower the risk that her child would suffer with aller-



gic rhinitis and asthma at five years of age.

Some research suggests that modern hygiene may contribute to hayfever, asthma, and allergy. Those with certain infections associated with poor hygiene or those raised on a farm have a lower incidence of allergies. Increased exposure to germs early in life may fine tune the immune system decreasing risk of allergy later on.

Frequency of truck traffic has been associated with increasing incidence and severity of wheezing and allergic rhinitis. A study at Louisiana State University Medical Center found that 18.3% of patients with allergic rhinitis or asthma experienced exacerbations of their allergic conditions when they used their car air conditioner.

Allergy sufferers manifest elevated levels of histamine, but also other inflammatory compounds including nitric oxide, leukotriene C4, prostaglandin D2 and many others. The conventional medical treatment for allergy is antihistamines. Since there are many other inflammatory compounds produced, antihistamines are only partially effective in dealing with symptoms.

REFERENCES:

Erkkola M, Kaila M, et al, Maternal vitamin D intake during pregnancy is inversely associated with asthma and allergic rhinitis in 5-year-old children, *Clin Exp Allergy*, 2009; 39(6): 875-82.

Marmsjo K, Rosenlund H, et al, Use of multi-vitamin supplements in relation to allergic disease in 8-y-old children, *Am J Clin Nutr*, 2009 Oct 28; [Epub ahead of print].

Matricardi PM, Rosmini F, et al, Hay Fever and Asthma in Relation to Markers of Infection in the United States, *J Allergy Clin Immunol*, 2002;110:381-387.

Kilpelainen M, Terho EO, et al, Farm Environment in Childhood Prevents the Development of Allergies, *Clin Exp Allergy*, 2000;30:201-208.

The Association Between Self-Reported Symptoms of Asthma and Allergic Rhinitis and Self-Reported Traffic Density on Street of Residence in Adolescents, *Epidemiology*, 1996;7:578-582.

Kumar Prem, et al, Respiratory Allergies Related to Automobile Air Conditioners, *The New England Journal of Medicine*, December 20, 1984;311(25):1619-1621.

Frieri M, Nitric Oxide in Allergic Rhinitis and Asthma, *Allergy Asthma Proc*, November/December, 1998;19(6):349-351.

White, Martha V., M.D. and Kaliner, Michael A., M.D., Mediators of Allergic Rhinitis, *Journal of Allergy and Clinical Immunology*, October 1992;90(4)/Part II:699-704.

INHALANTS

The conventional view is that intolerance to inhalants is the primary cause of this symptomology. The most common culprits are pollens, dust, mold, dust mites, and pet saliva and hair. One study found 96% of young children sensitive to dust mites, 31% sensitive to mold, and 11% sensitive to pollen. These children also suffered with food sensitivities.

One of the most effective measures which can be taken where inhalants are triggering factors for inflammation of the respiratory tissues is the procedure of air purification.

Numerous individuals have reported to me that water-miscibilized vitamin A decreased the symptoms associated with exposure to pollens. My theory is that the vitamin A enhances the health of the mucous membranes by promoting mucous secretion and ciliary action to prevent contact of the cells which release inflammatory compounds with the allergens.

REFERENCE:

Ogle Kim A., et al, Children With Allergic Rhinitis and/or Bronchial Asthma Treated with an Elimination Diet, *Annals of Allergy*, July, 1977;39:8-11.

FOOD ALLERGY

I first became aware of the fact that food could cause inflammation of the respiratory tissues when a friend shared that he had suffered with a runny nose for years. He was eventually diagnosed with an allergy to white

potato.

One study attempted to rank the frequency with which specific foods could trigger nasal symptoms. The most common triggers were the following: 1. chocolate, 2. wheat and milk, 3. citrus fruits, 4. eggs, bananas and the cabbage family, 5. tomatoes, 6. corn and apples, 7. pork and onions, 8. peas and beans, and 9. coffee, tea, and cola. Chocolate was a far more common trigger than any of the others. Chocolate, corn and bananas resulted in the most rapid and severe reactions.

Occupational exposure to powdered foods like garlic have been shown to lead to runny nose and eventually asthma. A relatively long period of exposure of sausage makers and a teacher at a catering school to garlic eventually led to rhinitis and asthma.

Food intolerances can directly affect the mucous tissues or they can interplay with inhalant exposures decreasing overall tolerance to inhalant allergens.

Food additives should not be ruled out as possible triggers for nasal inflammation. One study documented severe rhinitis symptoms which lasted for 2 days in individuals sensitive to MSG and symptoms which lasted for one week in an individual sensitive to sodium benzoate.

REFERENCE:

Davison HM, The Role of Food Sensitivity in Nasal Allergy, *Ann Allergy*, September-October





1951:568-57

Seuri, M., et al, Three Cases of Occupational Asthma and Rhinitis Caused by Garlic, *Clinical and Experimental Allergy*, 1993;23:1011-1014.

Piness G, Miller H, Food Allergy: The Importance of Food Sensitization in Allergic Rhinitis, *J Allergy*, January 1931;2(2):73-75.

Asero R, J Food Additives Intolerance: A Possible Cause of Perennial Rhinitis, *Allergy Clin Immunol*, December 2002;110(6):937.

CAROTENOIDS

A study of 547 people in Germany found an inverse relationship between total blood levels of carotenoids and the presence of allergic rhinitis. This study also found that allergic sensitization was inversely associated with blood levels of vitamin E complex (especially gamma tocopherol).

Consumption of a diet high in fruits, vegetables, and nuts offers significant protection against the development of allergic conditions with a 66% reduction in risk of allergic rhinitis among children on a Mediterranean diet. The most protective foods in this study were grapes, oranges, apples, and fresh tomatoes. Nuts alone reduced risk of wheezing by 54%.

REFERENCE:

Kompauer I, Heinrich J, et al, "Association of carotenoids, tocopherols and vitamin C in plasma with allergic rhinitis and allergic sensitisation in adults," *Public Health Nutr*, 2006; 9(4): 472-9.

Chatzi L, Cullinan P, et al, Protective effect of fruits, vegetables and the Mediterranean diet on asthma and allergies among children in Crete, *Thorax*, 2007 Apr 5; [Epub ahead of print].

VITAMIN C & FLAVONOIDS

Supplementation with 2,000 mg of vitamin C for two days has been shown to decrease responsiveness to inhaled histamine. In another study, 88% of hay fever sufferers reported improvement after supplementing with vitamin C. Doses used in this experiment

were 100 mg, 200 mg and 500 mg. Five of 25 sufferers improved on the lowest dose, 12 on the 200 mg dose, and 8 on the 500 mg dose. It would appear that the higher the dose the greater the likelihood of improvement and the greater the overall improvement. Improvement was also faster at the higher dose, 3-4 days as opposed to a week at the lower doses.

Vitamin C has been shown to prevent the release of histamine by white blood cells and also to increase its detoxification. Histamine levels are also inversely related to vitamin C levels.

Flavonoids have been shown to reduce the severity of the allergic response to birch pollen as measured by the IgE antibody. The longer prior to the allergy season the flavonoid supplementation was begun the more effective the improvement in the condition.

REFERENCES:

Bucca C, Rolla G, Oliva A, et al, Effect of Vitamin C on Histamine Bronchial Responsiveness of Patients With Allergic Rhinitis, *Ann Allergy*, October 1990;65(4):311-314.

Holmes HN, Alexander W, Hay Fever and Vitamin C, *Science*, November 27, 1942:497-499.

Thornhill SM, Kelly A-M, Natural Treatment of Perennial Allergic Rhinitis, *Alt Med Rev*, 2000;5(5):448-454.

Wilson D, Evans M, et al, A randomized, double-blind, placebo-controlled exploratory study to evaluate the potential of pycnogenol(R) for improving allergic rhinitis symptoms, *Phytother Res*, 2010 June 14; [Epub ahead of print].

Miyake Y, Sasaki S, et al, Soy, Isoflavones, and Prevalence of Allergic Rhinitis in Japanese Women: The Osaka Maternal and Child Health Study, *J Allergy Clin Immunol*, June 2005;115(6):1176-1183.

MULTIVITAMINS

Children who began the use of a multivitamin prior to four years of age had a decreased risk for both allergic response to foods and inhalants. The authors of the study concluded that supplementation prior to the school years could reduce risk of later allergies. Apparently, the earlier we obtain good nutrition the better.

REFERENCE:

Marmsjo K, Rosenlund H, et al, Use of multivitamin supplements in relation to allergic disease

in 8-y-old children, *Am J Clin Nutr*, 2009 Oct 28; [Epub ahead of print].

MAGNESIUM

Supplementation of hayfever sufferers with magnesium three times daily for one month has been shown to reduce allergy symptoms.

Cipolla C, Occhionero T, Orciari P, et al, Magnesium Pidolate in the Treatment of Seasonal Allergic Rhinitis, *Magnes Res*, June 1990;3(2):109-112. .

ZINC

Zinc deficiency has been found in patients suffering with both allergic asthma and allergic rhinitis. The deficiency was more severe in the asthma cases.

Zinc supplementation has been shown to greatly reduce the likelihood of vitamin A deficiency in children in a randomized, double-blind, placebo-controlled trial. When zinc plus vitamin A was provided only 13.3% of the children remained deficient, while vitamin A alone left 37.5% of the children deficient. I have seen some cases of allergy improve dramatically with supplementation with a water-miscibilized form of vitamin A taken with water early in the day. I usually suggest Betagard, a broad spectrum natural antioxidant complex, along with the vitamin A because of the synergistic value of zinc and other nutrients in the formula.

References:

Djuric V, Djarmati D, et al, Zinc and Copper in Serum and Induced Sputum of Patients With Allergic Rhinitis and Allergic Asthma, *Allergologie*, 2005;28(5):165-171.

Rahman MM, Wahed MA, et al, Synergistic Effect of Zinc and Vitamin A on the Biochemical Indices of Vitamin A Nutrition in Children, *Am J Clin Nutr*, 2002;75:92-98.





IMAGE AWARENESS WELLNESS INSTITUTE

1271 HIGH STREET, AUBURN, CA 95603
PHONE (530) 823-7092 ORDER LINE (800) 359-6091
E-MAIL: MAIL@IMAGEAWARENESS.COM
VISIT OUR WEBSITE! WWW.IMAGEAWARENESS.COM

ADRENAL SUPPORT

Many of the nutrients mentioned here support adrenal function. It is well to remember the observation of John Tintera, M.D. He wrote, "I'm an endocrinologist. In more than twenty years of a busy practice with thousands of patients, I've yet to work with an allergic person whose troubles weren't basically due to his poorly functioning adrenals, or who wasn't relieved of all his allergic woes when his adrenals were put into proper working order." Nutrients which support adrenal function include protein, essential fatty acids, antioxidants, vitamins and minerals. An exhausted adrenal may take many months to recover, but even some of the very worst allergies can improve dramatically with optimal intake of nutrients from both the diet and supplementation. Diet should include avoidance of refined sugars which exhaust the adrenal glands.

Reference:

Tintera, John, What you should know about your glands and allergies, *Women's Day*, February 1959.

ARACHIDONIC ACID

Chemical messengers of the im-

mune system called leukotrienes are synthesized from arachidonic acid, a pro-inflammatory fat found in many foods commonly consumed including grain-fed meats. These compounds have been shown to play a significant role in inhalant allergies. Supplementation with EPA, an antagonist of arachidonic acid found in fish oils, was shown to not only reduce arachidonic acid, but also to reduce inflammatory mediators over a period of eight weeks.

A study of 740 adults found a positive association between the amount of arachidonic acid in the blood and hay fever. Margarine has 10-20 times more omega-6 fatty acids than does butter. A Japanese study found an association between seasonal allergy and omega-6 intake. In Germany hay fever is more common in children whose parents use margarine rather than butter.

REFERENCES:

Peters-Golden M, Henderson WR, The Role of Leukotrienes in Allergic Rhinitis, *Ann Allergy Asthma Immunol*, 2005;94:609-618.

Rangi, Setu, P., M.D., et al, Suppression by Ingested Eicosapentaenoic Acid of The Increases in Nasal Mucosal Blood Flow and Eosinophilia of Rye Grass-Allergic Reactions, *Journal of Allergy and Clinical Immunology*, 1990;85(2):484-9.

Kompauer I, Demmelmair H, et al, Association

of Fatty Acids in Serum Phospholipids With Hay Fever, Specific and Total Immunoglobulin E, *Br J Nutr*, 2005;93:529-535.

Wakai K, Okamoto K, Tamakoshi A, et al, Seasonal Allergic Rhinoconjunctivitis and Fatty Acid Intake: A Cross-Sectional Study in Japan, *Ann Epidemiol*, January 2001;11(1):59-64.

WEB RESOURCES

www.imageawareness.com

www.yourbodyssignlanguage.com

www.jimmcafee.com

DISCLAIMER

This publication contains the opinions and ideas of its author. It is intended to provide helpful and informative material on the subjects addressed in the publication. It is provided with the understanding that the author and publisher are not engaged in rendering medical, health, or any other kind of personal professional services in this newsletter. The reader should consult his or her medical, health or other competent professional before adopting any of the suggestions in this newsletter or drawing inferences from it.

The author and publisher specifically disclaim all responsibility for any liability, loss, or risk, personal or otherwise, which is incurred as a consequence, directly or indirectly, of use and application of any of the contents of this newsletter.