

THE BETTER HEALTH NEWS

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ALLERGIES AND ANTIBIOTIC USE

A study conducted at Henry Ford Hospital in Detroit, Michigan shows that children given antibiotics in their first six months of life have an increased risk of allergies to ragweed, pets, grass, and dust mites. They also have an increased risk of asthma. Christine Cole Johnson, Ph.D., the study's lead author and senior research epidemiologist for Henry Ford's Department of Biostatistics & Research Epidemiology, says that she is not against children receiving antibiotics, but believes that prudence is necessary before prescribing them for children at such an early age.

Many antibiotics have been prescribed unnecessarily, especially for viral infections like colds and the flu when they would have no effect anyway. Data was collected on 448 children from before birth until seven years of age. Almost half (49%) of the children received antibiotics within the first six months of life. Children given antibiotics once in the first six months of life were 1.5 times more likely to suffer from allergies and 2.5 times more likely to have asthma than children who were not given antibiotics.

If the mother had a history of allergies, the children given antibiotics were twice as likely to develop allergies as the non-antibiotic group. If the child was breast-fed and given antibiotics, the chance of developing allergies was four times greater than the non-antibiotic group. Breast feeding did not increase the incidence of asthma.

Dr. Johnson postulates that the antibiotics may alter the immune system by affecting the GI tract.

This means that supporting GI function with probiotics can be beneficial to patients with allergies. Other GI support may also be useful. Consider products that kill undesirable flora. As Dr. Harry Eidenier has wisely said, treat the digestive tract from north to south; meaning that it is best to ensure that the initial phases of digestion should be supported in patients with digestive problems. If you do not break down fats, proteins and carbohydrates in the stomach and duodenum, the undigested food rots, causing dysbiosis. Supporting stomach HCL has traditionally been a treatment for allergies by natural health practitioners.

NATURAL ALLERGY RELIEF

Allergy symptoms are basically due to inflammation, so addressing core health issues, like diet, will improve them. Researchers in Finland found that the type of fats consumed in the diet was related to the tendency to develop allergic symptoms. The results were published in the journal *Allergy* (2001;56:425-428). Other research, appearing in the journal *Thorax* (2007;62:677-683) found a relationship between the occurrence of asthma and allergies, and diet. A Mediterranean type of diet, high in fresh produce, is associated with less potential for an allergic response. Produce is high in flavonoids. Flavonoids are plant antioxidants (found in fresh produce) that have anti-inflammatory and anti-tumor activity. The *Journal of Agriculture and Food Chemistry* (2006; 54(14): 5203-7) noted that a flavonoid was found to reduce inflammatory substances resulting from an allergic reaction.

In general, taking omega-3 fatty acids is also beneficial. Research that appeared in the *Journal of Allergy and Clinical Immunology* (December, 2003;112 (6):1178-84) found that pregnant women who took omega-3 fatty acids were less likely to have babies with allergies than women who did not take the supplement.

Even exercise plays a role. A study, published in *Allergy* (Vol. 61, No. 11, November 2006: 1310-1315) looked at exercise and activity levels in 1,700 German children over a period of 12 years. At the start of the study, 6% of the children were completely sedentary. At the end of the 12 years, the sedentary children were 50% more likely to develop hay fever.

Various herbs can support patients with allergies:

Fritillaria thunbergii: (*Fritillaria*) is an antitussive herb (cough suppressant). It has a broncho-dilation effect and inhibits mucosal secretions. *Fritillaria*'s traditional use is for relief of coughing and dyspnea (The Pharmacology of Chinese Herbs, pg 275-6). *Fritillaria* tends to act in a manner that is similar to dexamethasone, which is used to treat nasal allergy and inflammation.

Solidago virgaurea supplies flavonoids, saponins and phenol glycosides. *S. virgaurea* is primarily used to promote the loss of water (aquaretic agent) from the body.

Scutellaria baicalensis (Baikal Scullcap) possesses anti-inflammatory, anti-bacterial, and anti-allergic properties.

Euphrasia officinalis (Eyebright) – The German Commission E Monographs

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lists the use of Eyebright to include inflamed eyes, coughs, colds and catarrh (inflammation of mucous membrane). It is useful if an allergic response is the basis for sinusitis (Clinical Botanical Medicine, pg 209).

Morus alba (White Mulberry) In Chinese Medicine, *M. alba* is used to tonify the blood and enrich the yin (Chinese Herbal Medicines Materia Medica, pg 334-5). It is used as a tonic and as an expectorant for asthma, bronchitis, cold and cough and dyspepsia. The fruit also contains a significant amount of resveratrol. Interestingly, the leaves happen to be the primary food source for the silkworm.

Platycodon grandiflorum (Chinese bellflower). Traditional uses are to dispel phlegm, to ventilate the lungs, and to relieve sore throat. In traditional Chinese Medicine, it is often used in combination with other herbs in order to direct the actions of other herbs to the upper body.

Albizia julibrissin (Silk Tree) has sweet, neutral properties and contains saponins and tannins. It is calming, i.e. it “calms the spirit” (Chinese Herbal Medicine Materia Medica, pg 406-7), and is considered an “auspicious tree.” It is also used as a tonic and anthelmintic or vermifuge (Li Shih-Chen, Chinese Medicinal Herbs, pg 22-3).

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SCIENCE, ALLERGIES & NATURAL HEALTH

It is a good idea to reconcile scientific research with natural health approaches. It is sometimes a difficult task. All of the medical journals sell ads to drug companies and it should be obvious that economics help to determine what appears in the journals. But occasional natural health gems appear; they are usually small studies that can still be branded as “inconclusive”. The overall attitude of the journals seems to be, “My, isn’t this amusing. We will have to look into it someday.” But as long as drugs like Ritalin make \$3 billion per year and are advertised in the journal, you will not see the journal take a stand and suggest that kids with ADD need B vitamins, omega-3 oils, exercise and to stop eating junk food. They will, however, print the occasional amusing little study. One such study, appearing in the journal, *Annals of Allergy*, May 1994 evaluated 26 children with ADHD. The children were put on an allergy elimination diet. Along with eliminating artificial colors and preservatives, some foods were eliminated. These included common allergens like wheat, dairy products, egg, corn, yeast, soy, citrus, chocolate and peanuts. Of the 26 subjects, 19 responded well to the diet. It is a small study, but it should offer hope to people with ADD.

Studies supporting the use of natural health care for allergies exist. Scientists in Finland have found that the type of fats consumed in the diet may be connected to the tendency toward allergy, according to research published in the journal *Allergy* (2001;56:425-428). The British Medical Journal (January 19, 2002; 324:144) has research that shows the herb, butterbur may be useful for allergic symptoms. There is even a journal article about homeopathy and allergies. In a small study, published in the August 19, 2000 issue of the *British Medical Journal*, 24 patients were given a homeopathic remedy daily and 27 patients received a placebo. Although it was a small group, the study was double-blind, placebo-controlled and randomized.

The information found in medical journals is interesting, but it does not give the practitioner information that is good enough to effectively treat airborne allergies. The doctor who is a real scientist, and who wants to make his or her patients better will make note of the journal research, but also look at what patients respond to and take into account seemingly unrelated research. For instance, we know that eating sugar and producing insulin exacerbates inflammation. The symptoms of hay fever are largely due to inflammatory chemicals produced by the body, so it stands to reason that refined sugar is something that should be avoided by patients with hay fever. The same thing goes for trans fats. Yet this advice is seldom given in traditional medical offices; they are waiting for the perfect study to prove this (perhaps prompting Nasonex to pull its ads).

A real scientist will take the journal articles into account, but also take clinical and anecdotal information into account. He or she will look at known chemistry and physiology. Although the journals scorn anecdotal information, some of the most clinically useful stuff comes to us anecdotally. And why not use anecdotal information if you are dealing with a very low risk therapy like nutrition that potentially can produce good results—especially if a doctor who you respect is using it and getting results (anecdotally)?

Hormones produced by the adrenal glands fight inflammation. Indeed, adrenal support is a mainstay for natural health practitioners to treat allergies. You don’t see a lot of articles in medical journals about nutrient support for adrenals. There is some information about herbs and vitamin C in the journals. Bioflavonoids, like quercitin are often very useful for hay fever patients. Many herbs are also useful. But it is hard to put together an effective therapy using just the journal articles.

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PRE NATAL DIET AND ALLERGIES

According to the American Academy of Allergy and Immunology, a child's chance of developing allergies is 25% if one parent has allergies and 66% if both parents have allergies. In research appearing in Medical Tribune (July 23, 1992;30), breast feeding mothers were able to reduce the chances that their babies will develop allergies by eating a low-allergen diet. The subjects of the study were 58 mothers and infants from families with a history of allergies, and their

babies. The infants in the study were being breast fed; they were divided into two groups. Another group of 62 mothers and babies served as a control. In the test group, the mothers were

placed on a hypoallergenic diet. For one year, the mothers in the test group avoided common allergens like eggs, dairy, fish, nuts, wheat or citrus. Their homes were treated with products to control dust mites.



At the end of the year, 40% of the infants in the control group developed allergies. Only 13% of the infants in the test group developed allergies. The test group also had a lower incidence of asthma, 7% compared to 19% in the control group. The

study found that restricting the mother's diet can lead to fewer allergies in children. Parental smoking is a huge risk factor for children to develop allergies.