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MOM'S DIET AFFECTS BABY'S 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. The infants in the study were being breast fed; and 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 an additional risk factor for children to develop allergies.

A placebo-controlled study appearing in *Acta Paediatrica* (Volume 98, Issue 9, September 2009, Pages: 1461-1467) looked at 145 pregnant women who either had allergies themselves or the husband or previous child had allergies. The women were randomly selected to either receive 1.6 g of EPA and 1.1 g of DHA (fish oil) or a placebo from the final trimester of their pregnancy until the third or fourth month of the newborn's life (the mothers all breastfed their children). In those supplemented with the fish oil the prevalence of allergies or eczema was significantly lower than for the placebo group.

SCIENCE AND ALLERGIES

It is a good idea to reconcile scientific research with natural health approaches, although 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, which are typically 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 are profitable, medicine will not strongly recommend diet and natural therapies. 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 also 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.

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. The treatment group enjoyed some relief. 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,

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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)?

Adrenal support is a mainstay for natural health practitioners to treat allergies. Hormones produced by the adrenal glands fight inflammation. 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 quercetin 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.

So when treating a patient with hay fever, products for adrenal support, along with herbal products designed to reduce histamine, can be very effective, especially when given with a diet that is free of refined sugar, hydrogenated oil and chemical additives. Other useful products are bioflavonoids and fish oil. A few thousand IU of vitamin A per day for a couple of weeks works wonders if the patient's eyes itch. You can really fly without a net and use chiropractic adjustments or acupuncture. We are still waiting for the definitive double-blind placebo-controlled study to prove that this works, but in the mean time patients who are getting better don't seem to mind about the status of the research.

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HERBS FOR ALLERGIES

Fritillaria thunbergii (Fritillaria) is an antitussive herb and is a potent cough suppressant. It has a broncho-dilation effect and inhibits mucosal secretions. Fritillaria tends to act in a manner that is similar to dexamethasone, which is used to treat nasal allergy and inflammation.

Solidago virgaurea (European Goldenrod) supplies flavonoids, saponins and phenol glycosides. Its medicinal uses, besides bladder and urinary tract inflammation, include allergies and associated symptoms. *S. virgaurea* is primarily used to promote the loss of water (aquaretic agent) from the body, as opposed to a diuretic, which causes the loss of electrolytes as well (Univ. of MD Med. Center website).

Scutellaria baicalensis (Baikal Scullcap) possesses anti-inflammatory, anti-bacterial, and anti-allergic properties, via its active principals. They include biacalein, baicalin and wogonin (flavonoid glycosides), beta-sitosterol, and even benzoic acid. *S. baicalensis* has been used for upper respiratory infections (The Pharmacology of Chinese Herbs, pg 385-6), and has been shown to inhibit histamine (Pub Med, Kyo, 1998). It also has some fungistatic properties (Pub Med, Yang, 1995). Animal studies have shown a bronchodilator effect on guinea pigs with allergic asthma (Chinese Herbal Medicine Materia Medica, pg 75-6).

Euphrasia officinalis (Eyebright) – It is useful if an allergic response is the basis for sinusitis (Clinical Botanical Medicine, pg

209). *E. officinalis* contains Iridiide monoterpenes, lignans, flavonoids and tannins, some alkaloids, glycosides, sterols and volatile oils. The astringent qualities of this herb protect the mucous membranes of the eyes, thereby reducing the inflammation seen in allergic reactions that occur with hay fever or air pollution.

Morus alba (White Mulberry) It is used as a tonic and as an expectorant for asthma, bronchitis, cold and cough and dyspepsia. *Morus alba* supplies polyphenolic compounds such a morin, mulbulberrin and maclurin, to name a few. The fruit also contains a significant amount of resveratrol.

Platycodon grandiflorum (Chinese bellflower) The active principals are triterpenoids, sterols and saponins, principally platycodin. Platycodin exerts an expectorant action by increasing bronchial secretions (The Pharmacology of Chinese Herbs, pg 285-6). 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).

It's bizarre that the produce manager is more important to my children's health than the pediatrician.

Meryl Streep

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DO ANTIHISTAMINES CAUSE CANCER?

Research published in *Science News* (1994;145:324) raises the question of whether the antihistamines we take for allergies are linked to cancer. Studies in mice have shown that antihistamines promote the growth of malignant tumors. Scientists at the University of Manitoba believe that the consumption of various medications, including antihistamines and antidepressants, may increase the risk for cancer. In February, 1994, the Department of Health and Human Services noted an increase in the incidence of cancer in the United States. Scientists at the University of Manitoba believe that the consumption of various medications, including antihistamines and antidepressants, may increase the risk for cancer. It has been demonstrated that drugs like Elavil, Claritin, Hismanal, Atarax, Unisom, Prozac, NyQuil and Reactine create tumors in animal studies. Some antihistamines behave like the drug DPPE

(Dipalmitoyl Phosphatidylethanolamine), which has been linked to enhancing tumor growth, by binding to histamine receptors, which interferes with enzymes designed to detoxify and remove poisons from the body. This also interferes with the system that regulates cell growth. The drugs do not necessarily cause cancer, but can enhance the growth of cancer.

The point is that all drugs have side-effects and present a burden to the body. As is the case with most disease states, symptoms from allergies are largely due to inflammation. It makes sense to avoid foods that cause inflammation, like refined foods, sugar, hydrogenated oils and foods with chemical additives. Eat foods that lower inflammation, like brightly colored produce that is full of antioxidants, including carotenes, flavonoids and vitamin C.