Hay fever, Sinusitis, Allergic Rhinitis & seasonal asthma  
by Gillian McCarthy  BSc MBIAC

Pass the tissues - it's that time of year again!

Hay fever, allergic rhinitis, sinusitis and asthma are all immune mediated allergies which can be triggered by pollens and moulds (both are high at the same times of year). They are increasingly more prevalent in towns and cities than the countryside, indicating the predisposing influence of pollution, (especially petrochemicals, indoor aldehydes and other chemicals), along with allergens such as dust mites and pet dander, and probably also affected by electro-chemical smog (generally much worse in built up areas). All of these factors can affect both the release and dispersal of pollens and moulds and the susceptibility of people to them.

For long-term success the approach to treatment must include lowering of 'total body load' and support for the immune system and detoxification system along with reduction in exposure to food families producing seasonal pollen and adequate nutrition. There are of course many tablets and sprays aimed at suppressing symptoms but as chemically damaged patients always exhibit detoxification nutrient deficiency at a cellular level and damaged chemical pathways (via which at least 74% of drugs are metabolised) pharmaceuticals will not work properly for this group of patients and may even cause more damage if used long term.

Testing

Some mechanically damaged or genetically damaged sufferers are so immune- and-biochemically-damaged they are ANERGIC\(^1\) which is why they do not show up on scratch or prick tests, intra-dermal testing or even routine immunoglobulin testing, and may even be told they don't have allergies!

This group are more likely to exhibit general malaise, exhaustion and headaches including migraines, and will have grossly abnormal T- lymphocyte levels and helper-suppressor ratios (though sadly these are often not tested). They will be less likely or unable to produce acute symptoms such as sneezing, wheezing, and runny itchy eyes etc yet they are the most seriously ill.

T-cells govern B-cells to tell the body when and how many antibodies to make and when to stop. Antibodies are made in response to an antigen or incitant eg. Pollen, mould, dust mite faeces, pet dander etc. This is the "gatekeeper" stage in allergy. Immunoglobulin-E (IgE) are the principal allergy anti-bodies and are usually elevated for mostly inhaled allergens (including pollen) and depressed where there are chemical and food problems and some inhalant allergens.

However IgE prefers to be in tissue, not blood so blood IgE levels will never prove that you are, or are not allergic and are especially meaningless if your T-lymphocyte levels and their helper-suppressor ratios are not also established.

However if you do respond to pollen treatment but other symptoms persist including headache, tiredness depression, oedema etc you need to check to see if you have food, mould and/or chemical sensitivities.

Solving the Problem

\(^1\) The immune system's inability to produce a marked reaction in response to foreign antigens
Constant mucous formation due to allergy will not be fixed by surgery on sinuses or tonsils, grommets, or pharmaceuticals in the long term, only food and lifestyle changes can ultimately do this. You need to address the underlying condition to reduce your susceptibility on a long-term basis, not just try and mask or suppress the symptoms which can ultimately lead to worse or more dangerous problems (for example hay fever developing into asthma), and seasonal symptoms becoming a chronic and often serious ill health and ANERGY. Obviously some first aid measures are useful however see below.

If it's clear you have pollen allergy lower your total load of chemicals, plus moulds, dust mite and pet dander, watch the pollen reports and plan outings accordingly, and be aware your diet may add to the load. For example if you react to grasses, eating grasses, (cereals, cane sugar, even milk from grass fed cow, sheep, goats) will raise your total load and reduce your threshold for pollen reactions. In addition cereals and milk are both mucogenic i.e. mucous-forming (even if you are not allergic), so avoid them at high pollen times and rotate them during the rest of the year, i.e. not more than every four days to all GI tract to clear.

If you also have eczema you may be salicylate-sensitive and especially affected by pollens and foods of the rose family (stone and top- fruits such as cherries, apples and many berries) especially at pollen time, and the squash/ pumpkin (cucurbitae) family and chlorine in the unfiltered mains water.

The overt symptoms of hay fever etc occur when there is a magnesium deficiency at cellular level and possible T-cell damage, and histamine is released from mast cells/basophils causing symptoms by making tiny leaks and holes in tissues thus allowing body chemicals and external chemicals to go where they should not. Anti- histamines can temporarily block this but do not address the fundamental damage which has led to it and will be overwhelmed if you do not remove/reduce exposure to the triggering agent (allergen).

**Nutrition**

Whether or not your diet is deficient in nutrients, chemical damage, infections or your genetic make-up may mean you have induced cellular deficiency which can worsen the situation and needs to be addressed. In fact magnesium, folate and vitamin B12 are always deficient in cells if excess histamine or histidine are being released. Blood tests alone are unreliable indicators of the intra-cellular nutrient level.

High levels of some nutrients such as vitamin C (ascorbic acid), vitamin C with tri-salts, zinc, calcium with methionine, the B vitamin pantothenic acid, and omega 3 fatty acids can also help both as first aid and long-term though you may have to search for forms that you can tolerate and absorb. Quercitin is also helpful to some patients.

**Treatment**

*Provocation:neutralisation* vaccines (antigens) tested and titrated for the individual patient for moulds, pollen and histamine can be useful if they are preservative-free and combined with diets and appropriate environmental measures and started before the pollen season. They can be taken sublingually though severe sufferers may require minute sub-cutaneous injections. *Enzyme Potentiated Desensitisation* (EPD) has been found helpful by some but can cause problems for those who are chemically damaged and these problems should be addressed first. A doctor or practitioner who does not do this or ensure that your T-Lymphocytes are capable of supporting the treatment should be avoided if you are chemically sensitive. Be similarly cautious with any other desensitisation treatment.

*Homoeopathy* can be helpful (using a lactose-free source) provided your homoeopath knows
you are chemically damaged and, that you may need higher potencies than usual. You may need to start early with constitutional remedies to get the best results from “first aid” homoeopathy including pollen and mould allersodes. Both homoeopathic ‘mixed pollen’ allersodes and neutralising (Miller type) vaccines, which should be preservative-free, are often based on American mixes which prioritise ragweed. Ragweed is rare in the UK except in some parts of the South East. Check vaccines and remedies also contain cow parsley (Queen Anne’s lace) which is a nightmare for most sufferers. If Cow Parsley is a problem avoid related umbelliferous (apiaceae) foods such as carrots, parsnips, fennel, celery and parsley. Avoid during the pollen season and rotate them the rest of the year. Don’t forget to address moulds as well as pollen at this time.

MSM (Methyl Sulphonyl Methane) is an important anti-inflammatory, especially when used with vitamin C and is tolerated by MCS sufferers who are poor sulphoxidisers because it is metabolised by a different route. It is available in the pure form as powder and tablets as Supa-SulF from Nutri-Labs.

UK Pollen Chart

Oil-seed-rape

Oilseed rape pollen, which can drift for 6 to 8 miles, is a particular problem if you are chemically damaged because it also emits natural chemicals- enough for even the “Zero-tolerance-to-doping” Jockey Club to have exonerated an entire under-performing stables surrounded by fields of oil-seed rape.

In fact all brassicas/crucifers (including mustard, rapeseed oil, cabbage, cauliflower and ornamentals like aubretia, honesty and wallflowers) pose especial problems for those damaged or sensitised by organo-phosphates (which are related to World War I mustard gas).
Herbs and honey

Herbs (including Chinese herbs) and locally produced honey help some sufferers but if you have food allergies and intolerances you may react to herbs and need to wait until your chemical problems are under control and/or make them part of your food rotation. If you have long-term, severe, under-treated MCS and especially if you are a “Universal Reactor” you may be fructose-intolerant and until this is corrected via detoxification and ortho-molecular nutrition you should avoid honey (and other sugars).

However mildly affected country dwelling (less continuously pollutant overloaded) sufferers of simple (sic) hayfever often swear by it. Do not use honey from hives which are routinely placed in oil-seed-rape fields. Rainforest honey or honey from a known source that you tolerate e.g. heather or clover honey may be the safest bet.

Gadgets

Car and home air filters, facemasks (find one that suits you), powered beekeeper type hats adapted with fine netting or ES fabric netting (you may need to remove the foam from these and shield for electro- sensitivity), wraparound glasses, window shields, ionisers, relative humidity controllers, controlled acupuncture and acupressure bands (don't use continuously), pollen-catching nasal creams (e.g. HayMax) and nose plugs, salt inhalers, pure cotton muslin “mosquito nets” around beds or outdoor seating and over windows (work even better when damp, but don't leave them to go mouldy). All have a place as does careful garden planning and plant selection to avoid windblown pollen (see mcs-aware.org/SAH, and also ‘Creating a Low-Allergen Garden’ by Lucy Huntingdon and ‘Allergy-Free Gardening’ by Tom Ogren).

Who is susceptible

There are genetic predispositions for immune-mediated allergy and acquired mutations (especially due to modern chemicals). Children with two allergic parents are much more likely to be affected than with one and the children are tend to be more severe sufferers than the parents. Those with no family history are less likely again. In addition babies in the last tri-mester by gestation or born at high pollen times, especially April to July are more likely to be pollen allergic, so some serious forward planning is a good idea if you and or your partner have these allergies and plan to have a family. Check out Foresight for pre-natal advice and sort out your diet and immune system nutrients before you try!

Some countries (example Australia, South Africa) encourage pregnant mums to rotate their diets to reduce immune-mediated allergy (including hayfever) in the child, and the benefit of this was borne out in a large UK trial on the Isle of Wight a few years ago.

With reference to schools we recommend that parents with allergic children encourage schools to avoid planting trees and grasses with windblown pollen near to classrooms as these will put children with allergies to a serious disadvantage especially at exam time. A reminder it is possible to have anaphylactic (i.e. life threatening) reactions to pollen especially for example hazel catkins, yew. (see mcs-aware/sah.org for more about alternative planting).

How many people are affected

In a summary of the House of Lords Science and Technology Committee 6th Report of session 2006-2007 Allergy vol1: Report
In the summary of 2006, report on allergy, the conclusion which reflects other parliamentary committees and government funded research concluded that: “There is a severe shortage of allergy specialists in the UK, so the clinical services lag far behind those of many countries in Western Europe, and have not kept pace with the rising prevalence of “immune mediated” allergy. Problems with data collection mean that statistics are imprecise, and lack of training has resulted in a National Health Service in which a significant proportion of general practitioners are unable to diagnose and manage allergic disorders, and have nowhere to refer patients with complex allergies.” Factor in the complications of MCS and the resources and training are even worse.

The committee also called for “further research into the ways in which the indoor environment influences allergy development” and also “reviewing how children with hay fever are supported throughout the examination system” including teacher training. Unfortunately, though the impact of pollution and indoor and outdoor environment is mentioned in the report the attention given to these major matters was minimal and the role of biochemical detoxification in both immune and non-immune mediated allergies, sensitivities and intolerances, which clinical experience in many countries indicates offers the best hope of understanding treatment and recovery as well as avoidance from any sufferers, was largely ignored.

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