

EDITORIAL

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Seasonal Allergies

An allergy is characterized by an overreaction of the human immune system to a foreign protein substance (“an allergen”) that is eaten, breathed into the lungs, injected, touched or even coming in a few feet distance of the substance (within the electromagnetic field of the substance). This immune overreaction can result in symptoms such as coughing, sneezing, itchy eyes, runny nose, scratchy throat or even headaches. In severe cases it can also result in rashes, hives, low blood pressure, difficulty breathing, asthma attacks, anaphylactic shocks and even death.

According to the *American Academy of Allergies, Asthma, and Immunology*, allergic rhinitis affects more than 20% of the population. Seasonal allergies are one of the most common forms of allergic rhinitis, an allergy of the upper respiratory system. Other groups and surveys have made estimates that between 20 and 40 million people in the United States are affected by seasonal allergies each year.

Nasal allergies typically start in childhood, at an average age of about 10 years. About 80% of cases are thought to develop before age 20, increasing with frequency to adulthood, then declining with age.

An allergy is generally a hereditary condition. An allergic predisposition or tendency is inherited, but the allergy itself may not manifest until some later date. The age of onset of an allergic condition depends on the

degree of inheritance. The stronger the genetic factor, the earlier in life is the probable onset. Studies have shown that when both parents were (or are) allergy-sensitive, 75 to 100 percent of their offspring react to the same or similar allergens. When neither of the parents is (nor was) sensitive to allergens, the probability of producing allergic offspring drops dramatically to less than ten percent. Most of us suffer from allergic manifestation in varying degrees because of our different levels of parental inheritance.

In some cases, even when parents have(or had) no allergies, their offspring might suffer from many allergies since birth. In these cases, various possibilities exist:

One of the parents may have suffered from a serious disease or condition before the child was born;

The pregnant mother may have been exposed to harmful substances;

Toxins may exist as the result of a disease (strep-tococcal infection as in strep-throat, measles or chicken pox);

The pregnant mother may have suffered a severe emotional trauma or traumas;

The parents may have suffered severe malnutrition (not getting enough food or not assimilating their food due to poor absorption or allergies). This can cause the growing embryo to undergo cell mutation during its de-

velopment in the womb. Consequently, the altered cells do not carry over the original genetic codes or do not go through normal development. In this case the organs and tissues that are supposed to develop normally have possibly impaired function.

It is estimated that 50 percent of the population throughout the world suffers from allergies. However, the estimate is just that, an estimate, due to the various definitions researchers have for the word “allergy”. No specific definition for allergy has been universally agreed upon. If medical researchers were willing to broaden their views on allergies to include hypersensitivity, intolerances, IgE mediated, and non-IgE mediated reactions, they would clearly recognize the overwhelming percentage of allergy sufferers which has risen to above 90%.

More Americans claim that they are suffering from allergies than ever before.

Several investigators have reported that nearly half of all patients with seasonal allergies cite symptoms that can be triggered by non-allergic irritants, many of them are linked to indoor air quality problems.

Many of the non-allergic irritants are cited as risk factors for indoor air quality problems, also known as “sick building syndrome,” noted Dennis Shusterman, M.D., M.P.H., of the University of Washington in Seattle.

“We frequently see patients in our clinic who complain of reactivity to workplace irritants, and/or problems with indoor air quality, and one of the premises I have in my work is that what allergists call non-allergic rhinitis very much overlaps with what the occupational medicine physician calls irritant rhinitis, and the two professions can learn from one another,” Dr. Shusterman said.

In an analysis of data from a study he collected when he was at the University of California, San Francisco, Dr. Shusterman and Mary Alice Murphy, M.D., an allergist, looked at 60 men and women from the ages of 18 to 69.

The participants were stratified by gender and seasonal allergy status into three age groups: 18 to 34, 35 to 51, and 52 to 69. One of the questions asked of the participants in the study was “what

non-allergic triggers bother you”.

“We weren’t looking at non-allergic rhinitis as defined by their reactivity to non-specific and chemical factors such as cold dry air, perfumes and colognes, cleaning products, environmental tobacco smoke, and so on,” Dr. Shusterman said. “We were looking at allergic rhinitis and asking whether they also respond to these non-allergic triggers.”

The participants’ responses on non-allergic nasal symptom triggers were recorded on a scale from 0 to 8 (none to worst).

Specifically, they were asked whether they had a runny nose or congestion when they were eating hot or spicy foods, exposed to bright lights, used household cleaning products, smelled strong perfumes/colognes/aftershaves, experienced sudden changes in air temperature or humidity, exercised, drank alcohol, or entered a smoky room.

The investigators found that 42% of those studied reported more than three non-allergic triggers, compared with only 3% of the controls ($P<0.01$), a figure similar to that found in two other published studies.

“I think this is a real phenomenon in which there’s a subset of allergic rhinitis who are also responsive to non-allergic triggers,” Dr. Shusterman said.

The most frequent trigger was rhinorrhea in reaction to hot and spicy foods, experienced equally by both rhinitis and non-rhinitis. This finding was not surprising, in that getting a runny nose in response to incendiary cuisine is highly prevalent among both non-allergic and allergic people, he noted.

But for all other measures — temperature/humidity, tobacco smoke, exercise, cleaning products, perfumes, alcohol, and bright lights — the participants with seasonal allergies were much more likely to experience symptoms than non-rhinitis.

Participants older than 35 were more likely to report one or more irritants, particularly tobacco smoke ($P<0.05$), but there were no significant

differences by gender in overall scores or specific symptom triggers.

Dr. Shusterman said that although it's not known why people with allergic rhinitis may also have non-allergic nasal hyperreactivity, clinicians who manage patients with allergic rhinitis should ask them about possible non-allergic triggers. In addition, clinical trials of drugs and environmental controls for allergic rhinitis need to take into account that symptoms can be triggered by both allergic and non-allergic factors.

The findings also suggest that employees with occupational allergies may become less reactive to occupational exposure if they are treated for their previously untreated perennial allergic rhinitis, Dr. Shusterman said.

Usually Spring is when most seasonal allergies occur. However, depending on what triggers one's allergic symptoms, seasonal allergies can last all year. Seasonal allergies have been treated by NAET specialists successfully using NAET methods for the past twenty-three years. They have reported that seasonal allergies can be triggered not only by environmental factors but by daily foods, drinks, chemicals, smoke, perfume, and sometimes even emotional traumas and events. Some individuals can suffer suffer seasonal allergies throughout the year without relief. When the known allergies are eliminated through NAET treatments, patients are able to be free from their seasonal allergic symptoms and live normally. Many patients with seasonal allergies may suffer from sensitivities to pollens, grasses, weeds, flowers, etc.; but after they complete the NAET basic treatments, their sensitivities to environmental factors reduce substantially. Often these people are free from seasonal allergies without being treated for the environmental factors like grasses or pollens. The reason for the patient's such unique response is explained by NAET theory as follows: The NAET Basic list of allergens is composed of the basic essential nutrients: Egg mix (proteins); Calcium mix (calcium and milk products), Vitamin C group (fruits, vegetables, etc.), B Complex mix (everything with B vitamins,

grasses, pollens, etc. also contain B vitamins), Sugar mix (all types of sugar from daily foods), ...etc. Where do we receive our daily nutrients? One major source come from plants and the environmental allergens are plant-based. If someone is allergic to products from environmental plant sources, they may continuously suffer from seasonal allergies, not only in a particular season but throughout the year. When their allergies and sensitivities are eliminated through NAET, they do not react to the foods they eat or the environments they live in, thus they too can say Good-bye to Seasonal Allergies.

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