

Update Exclusive

May 5, 2009

High folate levels could help prevent allergic reactions and reduce symptoms



An article published online on May 1, 2009 in *The Journal of Allergy and Clinical Immunology* revealed the discovery of researchers at Johns Hopkins Children's Center of a role for the B vitamin folate in lessening allergy and asthma symptoms.

Pediatric allergist Elizabeth Matsui, MD, MHS and colleagues reviewed the medical records of 8,083 individuals aged 2 to 85 to obtain information on folate levels and respiratory and allergy symptoms. African-Americans were found to have the lowest levels of folate at 12.0 nanograms per milliliter, a finding that could not be attributed to low income or socioeconomic status.

Compared to subjects whose folate levels were highest at 18 nanograms per milliliter or more, those whose levels were 8 nanograms per milliliter or less were found to have a 30 percent greater risk of having high amounts of immune system markers known as IgE antibodies, which are elevated in allergy. Subjects with low folate levels were also more likely to report allergies, wheezing, or asthma. Those with low levels of folate had a 31 percent greater risk of skin allergies, a 40 percent greater risk of wheezing, and a 16 percent greater risk of asthma compared to those whose folate levels were highest.

The study is believed to be the first in humans to evaluate the association between serum folate levels and allergies. The finding adds evidence to those of previous studies that support a regulating effect for the vitamin on inflammation, the phenomenon that produces allergy symptoms.

"Our findings are a clear indication that folic acid may indeed help regulate immune response to allergens, and may reduce allergy and asthma symptoms," Dr Matsui commented. "But we still need to figure out the exact mechanism behind it, and to do so we need studies that follow people receiving treatment with folic acid, before we even consider supplementation with folic acid to treat or prevent allergies and asthma."

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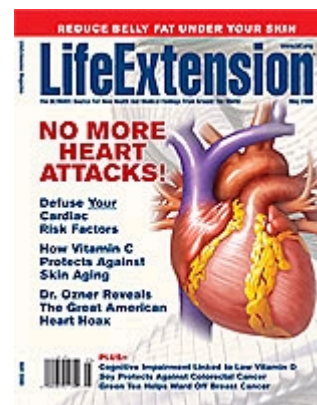
Allergies

In most allergy cases, the body is first sensitized to a foreign protein (allergen), causing the production of an antibody called immunoglobulin E (IgE). The newly produced IgE antibody circulates in the bloodstream, where it attaches to another kind of white blood cell called a basophil. In addition, IgE binds to mast cells, a type of white blood cell located in the skin and the mucosal lining.

The next time the allergen is recognized, the IgE antibody provokes the release of chemicals that cause a typical allergy attack. These chemicals include histamine, prostaglandins, and leukotrienes. Histamine in particular is an important target for allergy medications. Produced by mast cells, histamine causes localized swelling and inflammation. Many conventional treatments block the action of histamine. Certain nutrients have been shown to depress the activity of mast cells.

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Besides the release of histamine, activated mast cells cause inflammation in other ways. During the inflammatory response to an allergen, pro-inflammatory chemicals are released from mast cells. In response to the pro-inflammatory chemicals, leukocytes (white blood cells) are attracted. The result of this cascade is inflamed tissue and increased production of white blood cells—a runny nose and increased mucus secretion in the lungs.

People with allergies may want to consider the following supplements:

- Rosmarinic Acid Extract—100 to 200 mg (with 4 to 8 mg of luteolin) in the morning
- EPA/DHA—700 to 2100 mg of EPA and 500 to 1500 mg of DHA daily with food
- GLA—285 to 1425 mg daily
- Vitamin C—1 to 3 g daily in divided doses
- Vitamin E—400 to 800 IU daily
- NAC—600 to 1800 mg daily (along with vitamin C)
- Green tea extract—725 mg daily
- Nettle leaf extract—100 to 200 mg daily
- CoQ10—30 to 100 mg daily
- Magnesium—150 to 300 mg daily

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Dayna Dye
Editor, Life Extension Update
ddye@lifeextension.com
954 766 8433 extension 7716
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