

Management of Atopy, Allergies, Asthma, Eczema.

Atopy is defined as a genetic predisposition to allergies. These individuals have a predisposition to developing inflammatory reactions in their respiratory tract and skin. They can develop asthma, allergic rhinitis with frequent sinusitis, chronic ear infections, chronic eczema. Currently conventional medicine approach is to treat the symptoms by using various antihistamines and various immune suppressants such as steroids. They fail to address the various factors that increase inflammation in the respiratory tract and the skin. By addressing all the various causes, we have found that most patients have a marked improvement of their condition and can either reduce or discontinue all medications.

Pertinent Medical History:

Patients with atopy frequently have the following:

- Frequent upper respiratory infections: children with atopy, touch their eyes and nose due to itching more frequently and are likely to acquire viral infections from their hands from touching infected objects
- Frequent ear infections. Chronic inflammation in the mucus lining in the head nasopharynx results in swollen Eustachian tubes and poor drainage of the middle ear predisposing to chronic ear infections.
- Chronic asthma
- Chronic rhinitis,
- Chronic eczema
- Multiple airborne and food allergies.

Children who have atopy frequently have characteristic physical findings.

- “Allergic shiners”: darkness below the eyes due to chronic sinus congestion and poor blood flow that looks like someone who has not slept well.¹
- Dennie-Morgan infraorbital folds: they have a secondary crease or skin fold 1-3 mm below their lower lid.²
- Transverse nasal crease or up turned nose: From chronically touching and pushing up on their nose from chronic nasal itching and congestion, they develop a horizontal crease across their nose.
- Multiple fine lines on their palm.
- Narrow upper palate thought to be due to poor growth of the upper palate due to chronic sinus congestion and poor blood flow to the upper palate.

Four important facts that are not well appreciated:

1. Many atopic individuals have a sensitivity to nickel.³ It is well recognized that nickel is one of the most common contact allergens that can cause severe reactions in the skin from direct skin contact. What is not fully recognized is that nickel is an important systemic allergen, i.e., ingesting foods that have a high nickel content can result in

inflammation of the respiratory tract and the skin. (See our separate handout of managing nickel sensitivity). This condition is called Systemic Nickel Allergy Syndrome.⁴ Autonomic Response Testing can quickly ascertain whether an individual has nickel sensitivity. If your skin reacts to cheap costume jewelry, you are very likely to have nickel sensitivity since cheap jewelry more often have nickel in the metal.

2. Many atopic individuals have a defect in the metabolism of omega 6 fatty acids due to a defective delta-6- desaturase enzyme which makes them deficient in an essential fatty acid: gamma linolenic acid.⁵ Deficiency of GLA leads to a deficiency of an important anti-inflammatory molecule: Prostaglandin E-1 (PGE-1). Lack of PGE-1 causes increased inflammation.
3. Majority of individuals have suboptimal levels of Vitamin D3: Vitamin D3 is a powerful immune modulating hormone that is produced by the skin when it is exposed to sun light. Individuals must obtain a minimum of 15-30 minutes of sunlight every day to have optimal levels. Most individuals do not get daily sun exposure. Suboptimal levels of Vitamin D aggravate most inflammatory conditions.
4. Many individuals have suboptimal levels of Magnesium: Magnesium is important in over 300 enzyme reactions. It promotes down regulation of inflammatory molecules such as tumor necrosis factor. Many magnesium dependent enzymes are the enzymes that are involved in healing and repair of damaged tissue.

Unfortunately, correcting only one or two of the factors above gives inconsistent clinical improvement. We believe that is why mainstream medicine often fail to address the above factors. Most research papers only test one of the interventions and hence report inconsistent results when the above interventions are tested individually. At the Chung Institute, we have found tremendous success in markedly improving and reversing most cases of chronic symptoms of atopy when all four factors are addressed simultaneously.

We recommend the following:

1. Markedly reduce nickel containing food and water. See our nickel management handout
2. Take a GLA supplement
3. Take daily a vegan derived Vitamin D supplement (majority of commercially sold vitamin D is extracted from Wool and atopic individuals are more likely to be intolerant/sensitive to wool). We recommend 5000IU for the average adult. We strongly prefer Vitamin D combined with Vitamin K2.
4. Take a magnesium supplement (at least 300mg- 500mg). Magnesium can overstimulate the GI tract so we recommend taking as much magnesium as the gut will allow.

For specific recommendations for the various manifestations of Atopy, we recommend the following:

Eczema: in addition to the above general measures, we recommend:

- Try not to wash the skin with soap too frequently. In fact, we recommend only using soap to the groin, anal area, and axilla. Only use soap to other areas if there is actual visible dirt. Soap removes protective oils that protect the skin and hence should be used sparingly. The groin, axilla naturally produce more oil and can tolerate removal by soap.
- For severe weepy, red inflamed eczema, there can be a secondary bacterial infection. You will probably need an evaluation by a doctor. At the Chung Institute we prefer to use Low Dose Immunotherapy to assist the body to resolve this issue rather than harsh antibacterial soaps, or antibiotics.

Asthma: in addition to the above general measures, we recommend:

- Consider a short series of acupuncture treatments
- Add allergy desensitization using Low Dose Immunotherapy. We much prefer this method over standard allergy injections which have higher potential complications.

Chronic Nasal and eye irritation, frequent Sinus infection:

- Address air borne allergies with LDI
- Diagnose and treat hidden chronic infections from mold and yeast
- Consider short series of acupuncture to open the sinuses and allow drainage
- Ozone therapy

Chronic Ear infections:

- Address food allergies, especially milk protein allergy.
- In infants, if you do not have access to food testing by autonomic response testing, you can give a trial of a non-milk based formula. In kids over one year of age give a trial of goat's milk or "A2 milk" (majority of milk intolerant individuals are intolerant to the A1 casein in milk derived from the spotted black and white cows; brown cows produce milk with A2 casein protein which are usually well tolerated. Milk derived from brown cows can be purchased under the brand "A-2 milk")

¹ Marks M.B., Nasal allergy in childhood. Observations in the south Florida area. *Ann Allergy*. 1960; **18**: 1110-1116

² Morgan D.B.A suggestive sign of allergy, *Arch Derm Syphilol*. 1948; **57**: 105

³ Rodrigues, D. F., & Goulart, E. M. (2016). Patch-test results in children and adolescents: Systematic review of a 15-year period. *Anais Brasileiros De Dermatologia*, *91*(1), 64–72. <https://doi.org/10.1590/abd1806-4841.20163927>

⁴ Perez, L.D., Franca, A.T., Zimmerman, J.R., Systemic nickel allergy syndrome, *World Allergy Organ J*. 2015; *8*(Suppl 1): A89., 2015 Apr 8. doi: [10.1186/1939-4551-8-S1-A89](https://doi.org/10.1186/1939-4551-8-S1-A89)PMCID: PMC4406458

⁵ M S Manku, D F Horrobin, N Morse, V Kyte, K Jenkins, S Wright, J L Burton, Reduced levels of prostaglandin precursors in the blood of atopic patients: defective delta-6-desaturase function as a biochemical basis for atopy, *Prostaglandins Leukot Med*, 1982 Dec;*9*(6):615-28. doi: 10.1016/0262-1746(82)90019-1