



Newsletter

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Cortisol Levels and Allergies

Are you noticing a rise in the number of patients currently presenting with increased fatigue, headaches, itchy eyes, sneezing and congestion? This surge in symptoms is a sure sign to practitioners that spring is arriving, and with it - allergy season. Allergies are one of the most common concerns in the United States with hay fever being the 5th leading chronic disease in the country. According to recent statistics, this chronic disease is to blame for almost 4 million missed or lost work days yearly for a total of more than \$7 million in lost productivity annually. Frequently thought of as an incurable disease by practitioners and patients alike, successful management of seasonal allergies is attainable and extends beyond antihistamine and decongestant use. Optimal adrenal function is vital to regulating allergy symptoms this spring and beyond as the adrenal glands' ability to maintain optimal cortisol output significantly influences the severity of allergy symptoms.

Histamine is the mediator governing inflammatory responses in the body from injury and the common cold to insect bites and seasonal allergies. Its actions on the H1 receptor result in hives, itching and allergic rhinitis. Cortisol production from the adrenal glands is a key factor in controlling the body's histamine levels and, when cortisol levels are suboptimal or deficient, as seen in many patients with adrenal dysfunction, allergy symptoms tend to be more severe. In addition to decreasing mast cell degranulation and activation, cortisol inhibits histidine decarboxylase (the enzyme responsible for the histamine cascade) thus inhibiting production and accumulation of histamine in tissues. Given this, it comes as no surprise that histamine levels tend to be highest around 3 AM - hours after cortisol reaches its lowest diurnal level.

While physiologic dosing of hydrocortisone in individuals with established adrenal gland dysfunction can help alleviate allergy symptoms, adjunctive therapies are necessary to optimize the adrenal glands' potential endogenous production of cortisol. Considerations include addressing lifestyle factors such as sleep and stress management, supplementing co-factors necessary for cortisol production (vitamin B5, vitamin B6, vitamin C and vitamin E) and the use of adaptogenic herbs. Frequently used adaptogens include: *Rhodiola rosea*, *Ashwaganda*, *Glycyrrhiza glabar*, *Panax ginseng*, *Eleutherococcus senticosus*, *Cordyceps sinensis* and *Ocinum sanctum*.

Patients may be surprised to find a relationship between their seasonal allergy symptoms and suboptimal or insufficient diurnal cortisol levels. Accurate assessment of cortisol levels and adrenal dysfunction is easily done with Labrix' salivary cortisol testing. To learn more about adrenal dysfunction and additional hormone and neurotransmitter-related topics, visit www.labrix.com where numerous

patient and provider resources, including webinars and handouts, can be found.

Resources

1. Yance, Donald R. CN, MH, AHG, Tabachnik, Ben PhD: Breakthrough Solutions in Herbal Medicine Adaptogenic Formulas: The Way to Vitality. Townsend Letter. January 2007.
2. Jefferies, William McK MD FACP. Safe Uses of Cortisol. Charles C Thomas Publisher LTD. Pp 103-111. 2004.
3. Asthma and Allergy Foundation www.aafa.org

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