HISTADELIA

Individuals with high-histamine levels may have a metabolic imbalance that results from under-methylation. As a consequence, these individuals overproduce and retain excessive levels of histamine. Histamine is a substance in the body that has wide ranging effects. There are receptors for histamine in the brain, stomach, skin, lungs, mucus membranes, blood vessels, etc. For some individuals, high levels of blood histamine (called histadelia) have psychological, behavioral, and cognitive symptoms.

This condition is characterized by low levels of serotonin, dopamine, and norepinephrine, high whole blood histamine and elevated absolute basophiles. This population has a high incidence of seasonal allergies, OCD tendencies, perfectionism, high libido, sparse body hair, and several other characteristics. In severe cases involving psychosis, the dominant symptom is usually delusional thinking rather than hallucinations. They tend to speak very little & may sit motionless for extended periods. They may appear outwardly calm, but suffer from extreme internal anxiety.

Histamine can cause additional mucus production. Histamine excess can be manifest as asthma, vasomotor rhinitis, allergic skin disorders with pruritis, excess stomach acid production (acts as a gastric hormone to stimulate flow of HCl), saliva, tears, and thin nasal and bronchial secretions, and certain types of vascular headaches. This is the basis of anti-histamine medications.

Usually there is good tolerance of cold and poor tolerance of heat. There can be unexplained nausea. There is usually poor pain tolerance. There is excess or abundant saliva in the mouth. There is hyperactivity because Histamine speeds up metabolism. There can be phobias. People with elevated histamine tend to be highly motivated and work compulsively. They have hard driving personality. Histadelics are often highly creative. There is strong sexual desire. There are muscle pains (Myalgia)and joint pain/swelling/stiffness. There is excess perspiration and warm skin. Over arousal seen in histadelia may contribute to insomnia. Histadelics often have long fingers and toes.

Many patients with obsessive-compulsive tendencies, "oppositional-defiant disorder," or seasonal depression are under-methylated, which is associated with low serotonin levels. Often with inhalant allergies, frequent headaches, perfectionism, competitiveness and other distinctive symptoms and traits. Tend to be very low in calcium, magnesium, methionine, and vitamin B-6 with excessive levels of folic acid. People with histadelics have a positive effect from SSRIs and other serotonin-enhancing medications (Paxil, Zoloft, Prozac, Celexa, Effexor, etc.) because
methylation is a step in the manufacture of mood stabilizing neurotransmitters. Unfortunately, histadelics often have nasty side effects with these medications.

Addictive tendencies. Nutritional treatment for drug and alcohol users will depend on the results of a test for blood histamine levels. In one series of analysis, all users proved to have high histamine levels, leading the scientist to conclude that this abnormality - with its impact on brain function - a major force in creating addiction. About 35% of bipolar patients have high histamine levels. Histadelics are often chronically and suicidally depressed. Histadelia is estimated to affect 15-20% of patients classified as schizophrenic.

[See Nutrition Guide for the Prevention and Cure of Common Ailments and Diseases, Carton Fredericks, PhD., p. 58]

Excessive histamine results because of the inadequate methylation in liver detoxification. Histamine opposes adrenalin in its effects and as expected fatigue occurs just as it occurs in adrenal exhaustion.

It is vital that laboratory test be performed to confirm a person's status before any treatment is initiated. Hair testing of copper levels is not useful if hair contamination with copper is possible. A more accurate test is a 24 hour urine copper or serum ceruloplasmin. Histamine levels should be performed as well as serum folate levels and if low should be supplemented especially if there is pregnancy to prevent potential birth defects. Zinc and Manganese levels must be performed as well as urine test for ketopyrroles.

Biochemical treatment revolves around antifolates, especially calcium and methionine. Certain forms of buffered vitamin C can help by providing calcium and ascorbic acid. Three to six months of nutrient therapy are usually needed to correct this chemical imbalance. As in most biochemical therapies, the symptoms usually return if treatment is stopped. Vitamin B6 (Pyrodoxine) and TMG (Tri-methyl-glycine)/SAMe is often given. Copper is supplemented if levels are low to normal in patients with histadelia. Copper is part of the enzyme histaminase, which is involved in the metabolism of histamine. Some clinicians suggest that copper should be avoided when bipolar symptoms are present. Supplementation would include Calcium, magnesium, and manganese.

The amino acid Methionine when supplemented lowers blood levels of histamine by increasing histamine breakdown. Nutritionist recommend a low-protein, high complex carbohydrate diet. Histidine, which is more common in animal proteins, should be avoided as it can be converted in histamine.
Methylation is involved in DNA synthesis, masking and unmasking of DNA, detoxification, heavy mental detoxification, nerve myelination, carnitine and coenzyme Q10 synthesis. The relationship of mood and behavior to Histadelia is due to the fact that methylation is involved in neurotransmitter synthesis.

The treatment of histadelia requires great patience because six to ten weeks are often needed before the beginning of significant improvement. The treatment usually takes twelve months to complete. To find out more about this see Mental Illness: The Nutrition Connection, a book by Carl Pfeiffer, the founder of orthomolecular psychiatry. The prognosis is good if the histadelic patient cooperates with treatment and works to give up detrimental addictions.