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L-dopa induces a powerful antihistamine effect

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To: clinic@neuroassist.com



Six Hours AMA Category 1 Continuing Medical Education

Simultaneous Optimization of

Serotonin, Dopamine, Norepinephrine, and Epinephrine

Los Angeles

Saturday June 7, 2014 9 AM --- Huntley Hotel Santa Monica

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The L-dopa induced antihistamine effect

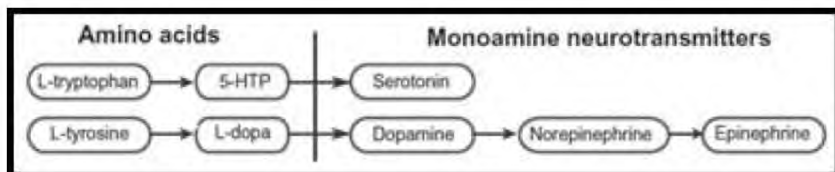
For a copy of the

Dopamine challenge“ protocol, which is the first step to correcting histamine related problems. respond to

This writing is dedicated to properly dealing with catecholamine collapse which is associated with to severe asthma, chronic heart burn, anaphylactic shock, severe urticaria (hives), multiple chemical sensitivities, etc.

this email with a request.

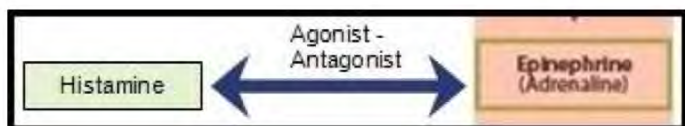
The double antihistamine effect of catecholamines



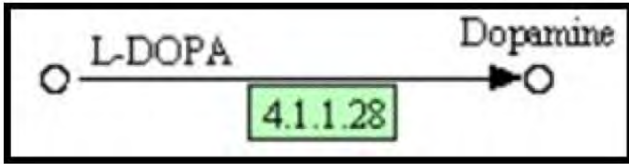
Antihistamine is a pharmaceutical drug that inhibits the action of histamine by either blocking its attachment to histamine receptors, or inhibiting the activity of the enzyme which catalyzes the transformation of histidine into histamine (atypical antihistaminics).

ANTIHISTAMINE EFFECT #1: Increasing systemic epinephrine (adrenaline) levels needs to be the corner stone of addressing histamine induced disease.

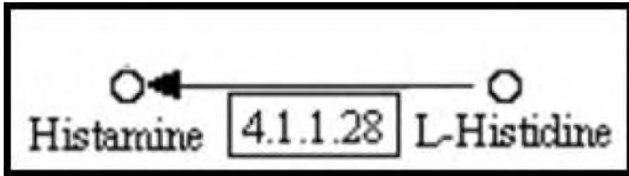
Epinephrine (adrenaline) is a histamine antagonist (antihistamine). It is the standard of care in emergency rooms to administer subcutaneous epinephrine (adrenaline) when there is an overwhelming histamine event such as severe asthma, anaphylactic shock, severe urticaria (hives), etc. Other than subcutaneous injections the only way to increase adrenaline levels without administration of carbidopa is with L-dopa (Mucuna Pruriens) administration.



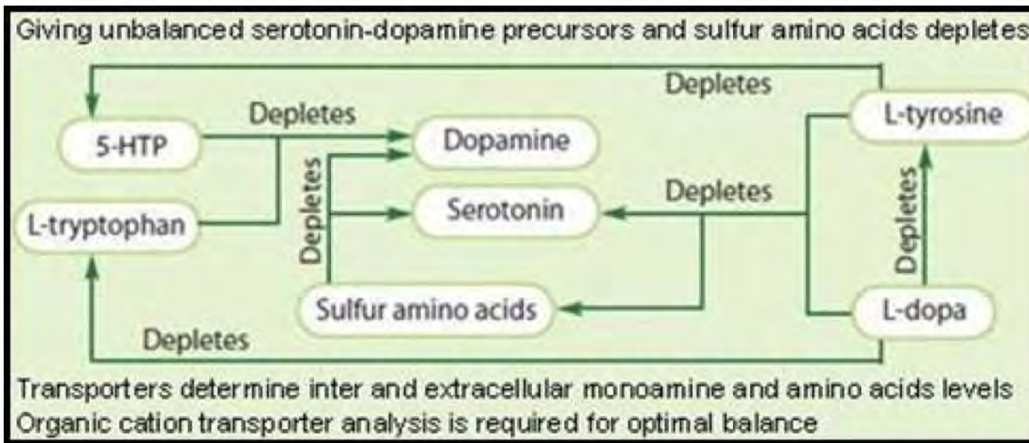
ANTIHISTAMINE EFFECT #2: The same enzyme Aromatic L-amino acid decarboxylase (EC 4.1.1.28) catalyzes conversion of L-dopa to dopamine and histidine to histamine. Administration of L-dopa, through competitive



inhibition of the enzyme 4.1.1.28 induces a decrease in histamine synthesis.



Giving L-dopa increases adrenaline levels and decreases histamine synthesis. This is a very powerful method of restoring normal system function without inducing antihistamines and steroids. Under this approach antihistamines and steroids should only be used if an acute and severe collapse occurs.



Administration of L-dopa must be performed in proper balance with serotonin, thiols, L-tyrosine, and cofactors.

Long-term administration of only L-dopa induces more harm than benefits.

Case Study #1: 27 year old white male with several week history of urticaria rash of unknown etiology was treated with steroids and antihistamines. The patient was started on 2 pills Mucuna 3 times a day 2 NR BID with 2

Case Study #2: Adult female about 50 years old with a

CR TID. The rash resolved within 12 hours. One week later the patient stopped the L-dopa and the rash returned. In general, patients with collapse of the catecholamine system who are experiencing histamine associated problems require chronic long-term amino acids.

All patients need at least one urinary serotonin and dopamine assay to determine need for L-tyrosine and determine if ultra-low phase 2 serotonin levels exist.

long history of asthma. Inhaler and two other drugs were used daily. The day following the start of 2 Mucuna TID with 1 NR BID and 2 CR TID the patient reported the asthma was under control and no further inhaler or meds were required.

Case Study #3: Case study #1 and #2 were H1 histamine related. Do not forget there are 3 classes of histamine receptors H1, H2, and H3. H2 receptors regulate stomach acid secretion.

60 year old white female with many year history of pyrosis (heart burn). The patient took an H2 blocker (Zantac) and Tums antacid daily. The patient was started on 2 Mucuna TID with 1 NR BID and 2 CR TID. No results were noted. One week later the Mucuna was increased to 4 pills TID. The patient noted complete relief of heart burn two days after this dosing change.

Adrenal fatigue, generalized fatigue, chronic fatigue all relate to inadequate epinephrine (adrenaline) being synthesized by the body. It has been long over looked that allergy induced asthma, urticaria (hives), multiple chemical sensitivities, heart burn, severe anaphylactic reactions, etc. are caused by inadequate catecholamine production that is being overwhelmed by the histamine system. **Throwing antihistamines and steroids at the problem WILL NOT return the system to normal function.**