

The Key Issues Related to Features and Perspectives of Antioxidants in Asthma and Allergy Pharmacotherapy

Nana Gorgaslidze,¹ Ia Pantsulaia,^{2,3} Marina Giorgobiani,⁴ Nodar Sulashvili^{5,6,7,8,9}

ABSTRACT

DOI: [10.52340/GBMN.2023.01.01.23](https://doi.org/10.52340/GBMN.2023.01.01.23)

The review aims to highlight the anti-allergenic and anti-inflammatory potential of some antioxidants in the pharmacological treatment of asthma and allergies. Under various physiological and pathological conditions, oxidative stress is both a result of and a contributor to redox metabolism. To effectively manage existing issues, it may be essential to understand the molecular mechanisms of basal oxidative stress and the role of antioxidants. It has been demonstrated that antioxidants can change the biomarkers of allergic inflammation and other consequences of allergy. Antioxidants can neutralize free radicals and control the level of cholesterol and other lipids in the blood. Antioxidants have anti-cancer activity due to prevention and inhibition of cancer cell growth. Antioxidants stimulate and activate the regeneration of normal, healthy cells. The complexity of each response and the multiple physiological effects complicate clinical studies of antioxidant therapy. Based on the existing evidence, we believe that antioxidants like zeolin-containing Geomin Forte have promising perspectives as adjunctive pharmacotherapy for asthma and allergic diseases.

INTRODUCTION

The incidence and prevalence of allergic diseases are increasing worldwide. The most common types of allergy include anaphylactic shock, allergic dermatoses, allergic enteropathy, and respiratory or airway allergies. Oxidative stress, which plays a crucial role in the pathogenesis of allergic diseases, is a result of an imbalance between free radicals (reactive oxygen species or ROS, for example) and the antioxidative potential of the body. While oxidative stress takes place, cells try to antagonize the oxidative impacts and recover redox equilibrium by acting or downregulating encoding genes of protecting enzymes, structural proteins, and transcription factors.¹

An increase in ROS generation in the body can alter the DNA, cause changes in lipids and proteins, activate various transcription factors, and produce both pro- and anti-inflammatory cytokines.²

The ovalbumin-sensitized (OVA) mouse model of allergic rhinitis has been used in studies to examine the role of the nuclear factor-kappa B (NF- κ B) signaling pathway in allergies. The study demonstrated elevated oxidative stress markers such as methylenedioxymphetamine (MDA) and nuclear factor erythroid 2-related factor 2 (Nrf2) in positive correlation with inflammatory cytokines and histological findings, besides an activation in NF- κ B signaling pathways. All the changes mentioned were alleviated with continued treatment with the antioxidant mangiferin.³

Dietary antioxidants have been suggested as prospective pharmacotherapeutic agents targeted to the oxidative signaling pathways in allergic diseases.⁴

We conducted extensive literature searches in Tomson Reuters, Google Scholar, PubMed, Cochrane Library, Web of Science, Clinical Key, and Elsevier Foundations to assess the evidence that is currently available on the use of antioxidants in the pharmacological treatment of allergic diseases and asthma. In addition to grey literature, national and international policies, and recommendations were examined. National and international policies and guidelines were also reviewed.

REVIEW

There is strong evidence that oxidative stress plays a key role in the pathogenesis of asthma and chronic obstructive pulmonary disease (COPD) via inflammatory response, including activation of transcription factors such as protein-1 (AP-1), proinflammatory gene expression mediators, and nuclear factor- κ B (NF- κ B) pathway. Therefore, available antioxidants may modify the inflammatory process in case of many respiratory disorders and protect against the direct detrimental effects of oxidative stress.⁵⁻⁸

Constantly produced free radicals can cause damage to healthy cells without protective antioxidative defense. At the same time, free radicals are necessary to maintain health. For instance, human immune cells need free radicals to combat infections. Therefore the body must maintain a specific balance between antioxidants and free radicals. Otherwise, oxidative stress can cause damage to DNA and other cellular structures.⁹⁻¹⁵



An allergy, as an immune response to harmful exposure to an antigen, can cause tissue damage leading to severe illness with inflammation, swelling, itching, pain, mental disturbances, etc. It has a dramatic impact on the quality of life (QOL).^{16,17}

Currently, a biological network of distinct but related inflammatory processes replaced a unified model of asthma. The revised definition of asthma includes a broad spectrum of disorders with various clinical presentations (phenotypes) and endotypes (signaling mechanisms). Because of their fundamental prognostic and therapeutic significance, the identification of these disorders is essential in the therapy of allergic diseases, especially asthma.¹⁸⁻²⁶

The stratification of endotypes of asthma is important for its management. There are two endotypes of asthma: type 2 (T2) high or T2-low. The treatment of advanced T2 asthma with biologics or other therapies focused on related molecular mechanisms is generally accepted. These developments have shifted the paradigm of asthma management, with a focus on new treatments, including antioxidants.²⁷⁻³⁴

The recent identification of important markers of inflammation and oxidative stress has allowed a broader approach to asthma research.

Therefore, dietary supplements containing antioxidants can be used in combination with the core pharmacotherapy of allergic diseases, including asthma.

There is some evidence of a significant role of the enzymatic antioxidant arginase in the pathogenesis of asthma. A decrease in arginase-1 concentration and activity (ARG1) amplifies airway inflammation in asthma patients. There is a correlation between arginase expression in bronchial tissue, L-arginine plasma concentration and activity, and airway inflammatory processes. The polymorphism of arginase isoforms (ARG1 and ARG2) correlates with asthma severity and a decrease in B2 agonist and glucocorticoid effectiveness.³⁵⁻³⁸

Although curcumin is considered to have anti-inflammatory and antioxidant properties, its exact mode of action is completely understood. Curcumin inhibits the expression of several cytokines, including interleukins (IL-2, IL-3, IL-5) and granulocyte-macrophage colony-stimulating factor (GM-CSF), and increases the activity of histamine in lung tissue, as well as lowers the levels of Interferon-gamma (IFN- γ)-induced Nitric oxide (No) synthase in bronchial tissue. Exposure to curcumin reduces eosinophil recruitment, airway hyperreactivity, and asthma symptoms. Existing evidence suggests that curcumin may be used as a second-line and/or adjunctive treatment for asthma.³⁹⁻⁴¹

One of the flavonoids, quercetin, is a potent antioxidant that is commonly found in foods like black tea, wild berries, wine apples, broccoli, and oilseeds like walnuts. It is typically present in yellow and red onions. Besides antioxidative properties, quercetin has antiallergic and antiviral activity. It

inhibits the release of histamine release, the production of pro-inflammatory cytokines, interleukin-4 (IL-4), and leukotrienes. According to studies, the anti-immunomodulatory and inflammatory properties of quercetin may be effective in treating allergic rhinitis, severe bronchial asthma, and anaphylactic reactions to peanuts.⁴¹⁻⁴⁴

The use of zeolites in complex antioxidant therapy has shown positive results, according to existing evidence. Zeolites are hydrated aluminosilicates (SiO₄ and AlO₄) of alkaline and alkaline-earth metals with high absorption properties. They are excellent detoxifiers and have antioxidant and anti-inflammatory properties.⁴⁵⁻⁴⁶

One of the zeolites, Geomin forte 500 mg, in addition to its direct antioxidant activity, can boost the induction of natural antioxidants by acting as an electron-donating surfactant. Geomin Forte has 200-250 times more potent antioxidative properties than vitamins E and C. It can also be used as an adjunctive treatment for pathologies with the persistent engagement of the immune system, such as allergic diseases.^{36,43,45,47}

CONCLUSIONS

Understanding the molecular mechanism of oxidative stress and the nature and features of antioxidants may be critical for treating diseases in whose pathogenesis oxidative stress plays a crucial role.

A literature search led us to the conclusion that antioxidants, like Geomin Forte, have outstanding potential as supplementary therapeutic agents in the treatment of asthma and allergic diseases.

AUTHOR AFFILIATION

- 1 Department of Social and Clinical Pharmacy, Tbilisi State Medical University, Tbilisi, Georgia
- 2 Department of Immunology, Tbilisi State Medical University, Tbilisi, Georgia
- 3 V. Bakhutashvili Institute of Medical Biotechnology, Tbilisi State Medical University, Tbilisi, Georgia
- 4 Faculty of Public Health, Department of Hygiene and Medical Ecology, Tbilisi State Medical University, Tbilisi, Georgia
- 5 Scientific Research-Skills Center, Tbilisi State Medical University, Tbilisi, Georgia, Tbilisi, Georgia.
- 6 Pharmacology Direction of International School of Medicine, Alte University, Tbilisi, Tbilisi, Georgia
- 7 Faculty of Medicine, Sulkhani-Saba Orbeliani University, Tbilisi, Georgia
- 8 Pharmacy Program at Shota Meskhia Zugdidi State University, Zugdidi, Georgia
- 9 School of Health Sciences, University of Georgia, Tbilisi, Georgia.

REFERENCES

1. Ruby Pawankar. Allergic diseases and asthma: a global public health concern and a call to action. *World Allergy Organization Journal* volume 7, pages1–3 (2014). <https://waojournal.biomedcentral.com/articles/10.1186/1939-4551-7-12>.
2. Mehdi Sharifi-Rad, Nanjangud V. Anil Kumar, Paolo Zucca, Elena Maria Varoni, Luciana Dini, Elisa Panzarini, Jovana Rajkovic, Patrick Valere Tsouh Fokou, Elena Azzini, Ilaria Peluso, Abhay Prakash Mishra, Manisha Nigam, Youssef El Rayess, Marc El Beyrouthy, Letizia Polito, Marcello Iriti, Natália Martins, Miquel Martorell, Anca Oana Docea, William N. Setzer, Daniela Calina, William C. Cho, Javad Sharifi-Rad. Lifestyle, Oxidative Stress, and Antioxidants: Back and Forth in the Pathophysiology of Chronic Diseases. *Front. Physiol.*, 02 July 2020 Sec. Redox Physiology Volume 11 - 2020 | <https://doi.org/10.3389/fphys.2020.00694>.
3. Chun Hua Piao, Yan Jing Fan, Thi Van Nguyen, Chang Ho Song, Ok Hee Chai. Mangiferin Alleviates Ovalbumin-Induced Allergic Rhinitis via Nrf2/HO-1/NF-κB Signaling Pathways. *Int J Mol Sci.* 2020 May; 21(10): 3415. doi:10.3390/ijms21103415.
4. Munsoo Han, Dabin Lee, Sang Hag Lee, Tae Hoon Kim. Oxidative Stress and Antioxidant Pathway in Allergic Rhinitis. *Antioxidants (Basel)*. 2021 Aug; 10(8): 1266. Published online 2021 Aug 9. doi: 10.3390/antiox10081266.
5. Kuruvilla ME, Lee FE, Lee GB. Understanding Asthma Phenotypes, Endotypes, and Mechanisms of Disease. *Clin Rev Allergy Immunol.* 2019 Apr;56(2):219-233. doi: 10.1007/s12016-018-8712-1. PMID: 30206782; PMCID: PMC6411459.
6. Shiobara T, Chibana K, Watanabe T, Arai R, Horigane Y, (2016) Dipeptidyl peptidase-4 is highly expressed in bronchial epithelial cells of untreated asthma and it increases cell proliferation along with fibronectin production in airway constitutive cells. *Respir Res* 17:28.
7. Tripple JW, McCracken JL, Calhoun WJ (2017) Biologic therapy in chronic obstructive pulmonary disease. *Immunol Allergy Clin N Am* 37(2):345–355.
8. Tashkin DP, Peebles RS Jr. Controversies in Allergy: Is Asthma Chronic Obstructive Pulmonary Disease Overlap a Distinct Syndrome That Changes Treatment and Patient Outcomes? *J Allergy Clin Immunol Pract.* 2019 Apr;7(4):1142-1147.
9. Pite H, Pereira AM, Morais-Almeida M, Nunes C, (2014) Prevalence of asthma and its association with rhinitis in the elderly. *Respir Med* 108(8):1117–1126.
10. Dunn RM, Busse PJ, Wechsler ME (2018) Asthma in the elderly and late-onset adult asthma. *Allergy* 73(2):284–294.
11. Jiang Q. Natural forms of vitamin E: metabolism, antioxidant, and anti-inflammatory activities and their role in disease prevention and therapy. *Free Radic Biol Med.* 2014 Jul; 72:76-90. doi:10.1016/j.freeradbiomed.2014.03.035. Epub 2014 Apr 3.
12. Bloomfield, S.F.; Rook, G.A.; Scott, E.A.; Shanahan, F.; Time to abandon the hygiene hypothesis: new perspectives on allergic disease, the human microbiome, infectious disease prevention and the role of targeted hygiene. *Perspect. Public Health* 2016, 136, 213–224.
13. The Global Asthma Report 2018; Global Asthma Network: Auckland, New Zealand, 2018.
14. M. Giorgobiani, N. Gorgaslidze, N. Sulashvili; the specificities and pharmacological action of Goemin forte for the pandemic therapy; *The Baltic Scientific Journals; ESTONIA, TALLINN, 2022; pp:12-13.*
15. Park HS, Kim SR, Kim JO, Lee YC. The roles of phytochemicals in bronchial asthma. *Molecules.* 2010 Oct 4;15(10):6810-34.
16. Woodruff PG, Modrek B, Choy DF, Jia G, Abbas AR, Ellwanger A, Arron JR, Koth LL, Fahy JV (2009) T-helper type 2-driven inflammation defines major subphenotypes of asthma. *Am J Respir Crit Care Med* 180(5):388–395.
17. Carr TF, Kraft M (2016) Chronic infection and severe asthma. *Immunol Allergy Clin N Am* 36(3):483–502
18. Simpson JL, Phipps S, Baines KJ, Oreo KM, Gunawardhana L, Gibson PG (2014) Elevated expression of the NLRP3 inflammasome in neutrophilic asthma. *Eur Respir J* 43(4): 1067–1076
19. Raundhal M, Morse C, Khare A, Oriss TB, Milosevic J, Trudeau J, Huff R, Pilewski J, Holguin F, Kolls J, Wenzel S, Ray P, Ray A (2015) High IFN-γ and low SLPI mark severe asthma in mice and humans. *J Clin Invest* 125(8):3037–3050.
20. Gauthier M, Chakraborty K, Oriss TB, Raundhal M, Das S, Chen J, Severe asthma in humans and mouse model suggests a CXCL10 signature underlies corticosteroid-resistant Th1 bias. *JCI Insight.* 2017;2(13).
21. Holguin F, Cardet JC, Chung KF, Diver S, Ferreira DS, Fitzpatrick A, Gaga M, Kellermeier; Management of severe asthma: a European Respiratory Society/American Thoracic Society guideline. *Eur Respir J.* 2020 Jan 2;55(1):1900588.
22. McGarvey LP, Butler CA, Stokesberry S, Polley L, McQuaid S, Abdullah H. (2014) Increased expression of bronchial epithelial transient receptor potential vanilloid 1 channel in patients with severe asthma. *J Allergy Clin Immunol* 133(3):704–12. e4
23. Peters U, Dixon AE, Forno E (2018) Obesity and asthma. *J Allergy Clin Immunol* 141(4):1169–1179.
24. Mishra, V.; Banga, J.; Silveyra, P. Oxidative stress and cellular pathways of asthma and inflammation: Therapeutic strategies and pharmacological targets. *Pharmacol. Ther.* 2018, 181, 169–182.
25. Belvisi, M.G.; Hele, D.J.; Birrell, M.A. New anti-inflammatory therapies and targets for asthma and chronic obstructive pulmonary disease. *Expert Opin. Targets* 2014, 8, 265–285.
26. Persichetti, E.; De Michele, A.; Codini, M.; Traina, G. Antioxidative capacity of *Lactobacillus fermentum* LF31 evaluated in vitro by oxygen radical absorbance capacity assay. *Nutrition* 2014, 30, 936–938.
27. Scotney E, Saglani S. Diagnosis and Management of Problematic Severe Asthma. *Acta Med Acad.* 2020 Aug;49(2):117-129. doi: 10.5644/ama2006-124.291. PMID: 33189118.
28. Freudenthal, B.D.; Beard, W.A.; Perera, L.; Shock, D.D.; Kim, T.; Schlick, T.; Wilson, S.H. Uncovering the polymerase-induced cytotoxicity of an oxidized nucleotide. *Nature* 2015, 517, 635–639.
29. Park HS, Kim SR, Kim JO, Lee YC. The roles of phytochemicals in bronchial asthma. *Molecules.* 2010 Oct 4;15(10):6810-34.
30. Garcia-Larsen V, Potts JF, Omenaas E, et al. Dietary antioxidants and 10-year lung function decline in adults from the ECRHS survey. *Eur Respir J.* 2017;50:1602286.
31. Yan X, Song Y, Shen C, et al. Mucoactive and antioxidant medicines for COPD: consensus of a group of Chinese pulmonary physicians. *Int J Chron Obstruct Pulmon Dis.* 2017;12:803–812.
32. Shaheen, S.O.; Sterne, J.A.; Thompson, R.L.; Songhurst, C.E.; Margetts, B.M.; Burney, P.G. Dietary antioxidants and asthma in adults: population-based case-control study. *Am. J. Respir. Crit. Care Med.* 2012, 164, 1823–1828.
33. Buhl R, Bel E, Bourdin A, Dávila I, Douglass JA, FitzGerald JM, Effective Management of Severe Asthma with Biologic Medications in Adult Patients: A Literature Review and International Expert Opinion. *J Allergy Clin Immunol Pract.* 2022 Feb;10(2):422-432. doi: 10.1016/j.jaip.2021.10.059. Epub 2021 Nov 8.
34. Mishra, V.; Shah, C.; Mokashe, N.; Chavan, R.; Yadav, H.; Prajapati, J. Probiotics as potential antioxidants: A systematic review. *J. Agric. Food Chem.* 2015, 63, 3615–3626.
35. Trevor JL, Chipps BE. Severe Asthma in Primary Care: Identification and Management. *Am J Med.* 2018 May;131(5):484-491. doi: 10.1016/j.amjmed.2018.12.034.

36. Oishi K, Matsunaga K. Three-step algorithm for biological therapy targeted IgE and IL-5 in severe asthma. *Immun Inflamm Dis.* 2018 Sep;6(3):374-376.
37. Kim, E.H.; Burks, A.W. Food allergy immunotherapy: Oral immunotherapy and epicutaneous immunotherapy. *Allergy* 2020, 75, 1337–1346.
38. Juergens LJ, Worth H, Juergens UR. New Perspectives for Mucolytic, Anti-inflammatory and Adjunctive Therapy in COPD and Asthma: Review on the New Therapeutic Approach. 2020 May;37(5):1737-1753.
39. Meurs H, Zaagsma J, Maarsingh H, van Duin M. Recent Patents in Allergy/Immunology: Use of arginase inhibitors in the treatment of asthma and allergic rhinitis. *Allergy.* 2019 Jun;74(6):1206-1208. doi: 10.1111/all.13770. Epub 2019 Apr 10. PMID: 30865303; PMCID: PMC6593796.
40. Klein, B.P.; Kurilich, A.C. Processing effects on dietary antioxidants from plant foods. *HortScience* 2010, 35, 580–584.
41. Balsano, C.; Alisi, A. Antioxidant effects of natural bioactive compounds. *Curr. Pharmaceu. Des.* 2019, 15, 3063–3073.
42. Pelaia C, Pelaia G, Crimi C, Maglio A, Stanzola AA, Calabrese C, Terracciano R, Longhini F, Vatrella A. Novel Biological Therapies for Severe Asthma Endotypes. *Biomedicines.* 2022 May 4;10(5):1064.
43. Juergens LJ, Worth H, Juergens UR. New Perspectives for Mucolytic, Anti-inflammatory and Adjunctive Therapy with 1,8-Cineole in COPD and Asthma: Review on the New Therapeutic Approach. *Adv Ther.* 2020 May;37(5):1737-1753.
44. Rakha A, Umar N, Rabail R, Butt MS, Kieliszek M. Anti-inflammatory and anti-allergic potential of dietary flavonoids: A review. *Biomed Pharmacother.* 2022 Dec;156:113945. doi: 10.1016/j.biopha.2022.
45. Rastogi D, Fraser S, Oh J, Huber AM, Schulman Y, Bhagtani RH, Khan ZS, Tesfa L, Hall CB, Macian F (2015) Inflammation, metabolic dysregulation, and pulmonary function among obese urban adolescents with asthma. *Am J Respir Crit Care Med* 191(2):149–160.
46. M. Giorgobiani, N. Gorgaslidze, A. Bakuridze, L. Bakuridze, N. Sulashvili; Prospects for the use of zeolite containing geomin forte in the treatment of covid-19 and post covid-19 condition; Scholarly Publisher; RS Global; Journal-World Science; Warsaw-2022, Poland; Pp: 103-108.
47. Liu K, Hua S, Song L. PM2.5 Exposure and Asthma Development: The Key Role of Oxidative Stress. *Oxid Med Cell Longev.* 2022 Apr 4;2022:3618806.