Clean “House” Now To Avoid April-May Tree Pollen Havoc

All Allergies Begin In the Gut?

March 11, 2025 By Mike Barr

TL;DR: Spring tree pollen season (April–May) hits hardest for people whose gut flora are out of balance — and research going back two decades shows HIV itself drives significant gut dysbiosis. A 4–8 week “weed and feed” protocol — antimicrobials, biofilm-busters, monolaurin, spore-based probiotics, Saccharomyces boulardii — can quiet the allergic response at its upstream source. Ideally start by Valentine’s Day, but there’s still time to help with the April-May peak.

- Most spring allergies are a downstream symptom of gut dysbiosis. A focus on suppressing symptoms misses the real problem — and is destined to disappoint.
- HIV infection — even virally suppressed — is associated with leaky gut and microbial translocation. This matters for allergy sufferers with HIV in particular.
- A structured 4–8 week protocol can reset the terrain. Five core products, with options for testing and die-off management.
- Timing matters. Start by late February for best April–May results. Later is still better than never.

The Cruelest Month, Revisited

I can’t quite remember when I first wrote about May (originally April) being the “cruelest” month for seasonal allergy sufferers. Must have been around 2011. I am so happy those disfiguring — and just generally annoying — spring tree allergy days are behind me.

I was freshly enrolled in Chinese medicine school in Los Angeles at the time. I wrote about how my functional medicine doctor — the one who actually introduced me to functional medicine — treated me in 1998 with acupuncture, a Neti pot, and stinging nettle (leaves, not root: each does something different). He was on the cover of New York Magazine a year later, alongside Howard Bezoza, Ronald Hoffman, and Barbara Biziou, in a piece entitled “The New Healers.”

What he did not do was the whole-body workup that was actually needed. He was new to functional medicine; I hadn’t a clue. So we both went down with the proverbial ship together. Although I did kind of float home after the acupuncture — and slept really well that night.

We were both still stuck in the “Whack-A-Mole,” symptom-suppressing mindset — oblivious to the fact that it’s the upstream processes that needed assessing and addressing.

Why HIV Makes This Especially Relevant

I generally bristle when folks start spouting off about this or that “HIV-related” malady. I think I’ve heard them all by now — and it’s almost always in the service of obtaining funding for a pet project. The truth is, apart from maybe the accumulated effects of a lifetime of daily HIV medications, I cannot say I have seen convincing evidence of any pathology (we’re talking suppressed viremia for years and years) actually spawned by HIV infection itself.

But then I am an armchair (pseudo?) scientist.

With one glaring exception: disrupted microflora balance and increased intestinal permeability — and all that this entails.

There are dozens of papers one might cite, going all the way back to Danny Douek and Jason Brenchley’s work in 2004–2006. The one I have closest at hand today is a March 2021 paper in Frontiers in Immunology, from Joseph Mattapallil and Olusegun Onabajo at labs in Bethesda: “Gut Microbiome Homeostasis and the CD4 T-Follicular Helper Cell IgA Axis in HIV Infection.”

More on the paper itself in a future post. For now, I grabbed it for this — by now fairly boilerplate — observation:

> “[Acute infection with] HIV and SIV are associated with severe perturbations in the gut mucosal environment characterized by massive viral replication and depletion of CD4 T cells leading to dysbiosis, breakdown of the [gut] epithelial barrier, microbial translocation, immune activation and disease progression.”

It may be a tired refrain by now, but it doesn’t detract from the saliency: perturbed microflora balance in the gut underlies just about every chronic ailment. (And I discovered just this year that the multiple courses of antibiotics over the years appear to have only made things worse.) I credit a serendipitous encounter with Chris Kresser circa 2014 with the accidental — if consciousness-transforming — discovery of how to mitigate the damage, and possibly even to undo it.

The Gut House Cleaning Protocol

Because this “internal house cleaning” program takes a minimum of 4 weeks — optimally 6 to 8 —

it’s best to start around Valentine’s Day. But no time is really too late. (I do have a few nearly learned “last-minute” tweaks if it’s deep April already and you’re really suffering. Read on...)

A gut flora rebalancing (“weed and feed”) program like this requires a minimum of 4–6 weeks.

If you’re taking lots of prescription medications, this can be tricky to implement — but not impossible. A 2-hour window between meds and supplements is the generally accepted buffer but won’t get around all PK issues. There’s a berberine-NVP interaction, potentially boosting NVP levels, for instance. So do your research. If you’re uncomfortable assessing possible interactions on your own, particularly with life-saving meds, or meds with a “narrow therapeutic window,” ask a pro.

Here is the basic program:

Product	Company	Contents	Mode d’Emploi
GI Synergy	Apex Energetics	Barberry, Goldenseal, Oregano, Oregon Grape, Chinese Goldthread, Cat’s Claw, Pau d’Arco, Uva Ursi, Caprylic Acid, Undecylenic Acid, Black Walnut, Wormwood, Olive Leaf, Garlic	1 packet, 2x daily, typically with lunch and dinner
Lauricidin	Med-Chem Labs	Monolaurin (glycerol monolaurate), 3,000 mg per scoop!	Slowly work up to 1 full scoop of pellets, 3x daily, with meals
MegaSporeBiotic	Microbiome Labs	Bacillus coagulans SC-208, Bacillus indicus HU36, Bacillus subtilis HU58, Bacillus licheniformis SL-307, Bacillus clausii SC-109	1 capsule with lunch
Interfase Plus	Klaire Labs	Enzyme / EDTA blend	3-4 capsules daily with plenty of water, on an empty stomach, 2 hours away from food
Saccharomycin DF (or equivalent)	Various	Saccharomyces boulardii	1 capsule (6B CFUs), 2x daily, typically with lunch and at bedtime

Most of these are available through my curated dispensary, signup link here, which many of my clients have found convenient for pulling a gut-rebalancing regimen together in one place.

Test First (Optional, But Useful)

If you’ve never done an Organic Acids Test, ask your naturopath or functional medicine practitioner — or order one for yourself via our Rupa Health page at labs.rupahealth.com/store/storefront_1nYAJvn.

Just note: only the Genova Organix and Mosaic OAT products include robust markers for fungal as well as bacterial overgrowths. And don’t forget H.pylori (in stomach). Turns out it does double duty when it comes to histamine, even creating a less forbidding environment for still more histamine-producing bacteria, certain staphyloccocus strains, for instance. So triple duty, really.

The Specialty-Supplier Exceptions

Lauricidin, of my suppliers, is only available through this Missouri-based, family-owned online

supplement store, at crazy discounts. Signup link: dssorders.com. Msg me for access code.

Similarly, only DSS stocks Beyond Balance products; their MycoRegen is available there. You'll really only need this if your fungal markers on OAT (d-arabinitol, citramalic acid, tartaric acid) come back high.

Managing Die-Off (Herxheimer Reactions)

The Biocidin clinical team tends to include an activated charcoal-based product to manage — or prevent — die-off (aka Herx) reactions.

The Biocidin team recommends 2 capsules (even though instrux on bottle say 1) of GI Detox before bed (EMPTY STOMACH only, or it won't be effective). You could also just have it on hand to use as needed, working it in during any empty-stomach window throughout the day. But with like a liter of water!

If You're Already In Decent Shape

If your microflora balance is already fairly solid, you may not need the entire program. I just finished a full Biocidin protocol in December–January, so I'm going to see if a lighter regimen carries me through:

- Lauricidin pellets (ideally q8h, titrating up to full scoop, but q8h is hard)
- Biocidin LSF maintenance, 2-3 squirts at bedtime
- My standard probiotic stack: UltraFlora Spectrum (60B CFU) + MegaSporeBiotic + home-fermented foods + loads of prebiotic foods, herbs, spices, green tea

One Last Thing: Acute Symptomatic Relief

Because I have more than my share of "under-methylating" SNPs (histamine clearance requires methylation), I find that a quick methylation boost can work magic. Last year I had Quicksilver Scientific's Methyl Charge+ on hand: two squirts were miraculous. Currently I use Thorne's MethylGuardPlus (but not everyday, and only 1 or 2 capsules) and tri-methyl glycine aka TMG (my new love; mine is Betaine TMG from BrainMD). Nothing short of amazing. Just remember that glycine, even this tiny amount, can be relaxing and might make you sleepy! I still keep Researched Nutritional's HistaQuel (or Seeking Health's HistaminX) on hand for emergencies, but I am happy to report that so far this spring I haven't had to use it once.

HistaQuel is only available through my DSS site, but HistaminX is available from FS, link here.

That's all for now. Happy — allergy-free — Spring!

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supplement dispensary here — 30% off first orders, 25% off all auto-refills.
