

Mast Cell Activation Syndrome (MCAS)



Scan for full guide

An immunologic condition of the white blood cells

THE IMMUNE CONNECTION

Mast cells are immune cells — MCAS is not just an allergy disorder, it is an immune system dysregulation. At Veros, we treat the full immune picture, including the common triad of MCAS, hEDS, and POTS/dysautonomia.

WHAT IS MCAS?

MCAS is an immunologic condition in which mast cells become too numerous or too easily activated. Mast cells reside in organs and tissues throughout the body. When activated they release histamine, leukotrienes, prostaglandins, tryptase, and other inflammatory mediators — causing symptoms that often have no clear trigger.

DIAGNOSIS

Diagnosis is primarily **clinical** — a pattern of signs and symptoms without another clear cause. Lab markers that can help include serum histamine, tryptase, prostaglandin D2, or 24-hour urinary histamine metabolites. These are difficult to catch (levels are unstable), so normal levels do not rule out MCAS. Response to treatment ("reversibility") is also a diagnostic criterion. Tissue biopsy with **CD-117 staining** or genetic markers (C-Kit) may also suggest mast cell disease.

THE MCAS TRIAD

MCAS

Mast cell dysregulation driving multi-system symptoms

hEDS

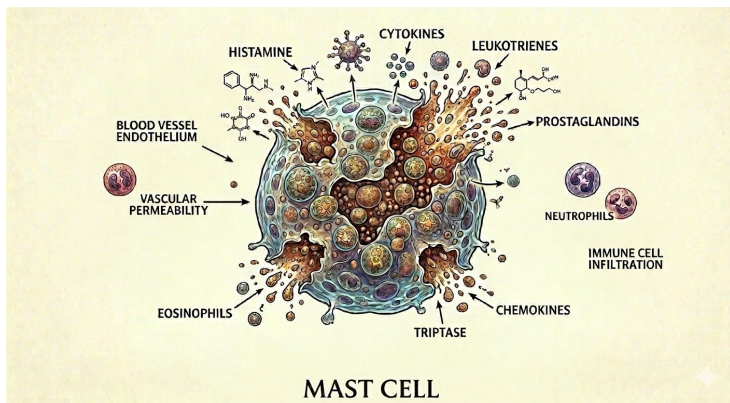
Hypermobile Ehlers-Danlos Syndrome — collagen disorder, joint hypermobility, chronic pain

POTS / Dysautonomia

Postural Orthostatic Tachycardia Syndrome — racing heart, lightheadedness, fainting on standing

COMMON SYMPTOMS

- Flushing, hives, rashes, or itching
- Sinus inflammation, cough, "air hunger"
- Nausea, vomiting, abdominal cramping, diarrhea
- Brain fog, cognitive difficulties, fatigue
- Racing heart, lightheadedness, low blood pressure
- Joint pain, widespread muscle pain
- Reactions to foods, scents, medications, heat, or stress
- Breathing difficulties or shortness of breath



TRIGGER IDENTIFICATION & AVOIDANCE

Identifying and minimizing personal triggers is foundational. Common triggers include:

- Food allergens, alcohol, aged/fermented foods
- Environmental and topical irritants, fragrances
- IV contrast materials, certain medications
- Physical stress, mechanical irritation (rubbing/scratching)
- Mental/emotional stress, extreme temperatures
- Hormonal fluctuations

LOW HISTAMINE DIET

Avoid aged, fermented, and processed foods — highest in histamine. Key resources:

whatthebleep.com

"What the Bleep Can I Eat" — low-histamine food guide

mastcellaction.org/diet

Mast Cell Action dietary guidance

histamineintolerance.org

SIGHI histamine compatibility list

lowhistaminechef.com

Low-histamine meal planning & recipes

MEDICATIONS & SUPPLEMENTS

H1 Antihistamines (twice daily):

Allegra (Fexofenadine) 180mg · Claritin (Loratadine) 10mg · Xyzal (Levocetirizine) 5mg · Zyrtec (Cetirizine) 10mg — up to 4/day

H2 Antihistamines (twice daily):

Pepcid (Famotidine) 20mg

As-needed H1 (1st generation — may cause drowsiness):

Benadryl 25-50mg · Hydroxyzine (Atarax/Vistaril) 10-50mg · Doxepin 10-50mg

Mast Cell Stabilizers & Other:

Cromolyn sodium · Ketotifen · Leukotriene inhibitors (Singulair/Montelukast) · Low-Dose Naltrexone (LDN) · Topical corticosteroids

Supplements (OTC dosing):

Quercetin · **Hist-DAO** (degrades histamine) · **Vitamin C** · **Luteolin**

BIOLOGIC & IMMUNOTHERAPY

- **Omalizumab (Xolair)** — monoclonal antibody every 2–4 weeks; inhibits IgE-mediated mast cell activation. FDA-approved, highly effective.
- **Dupilumab (Dupixent)** — newly FDA-approved for MCAS; targets IL-4/IL-13 pathways driving mast cell hyperreactivity. Ask your Veros provider if you are eligible.
- **Subcutaneous allergy immunotherapy** — long-term desensitization for allergen-driven triggers.

WHY VEROS HEALTH?

- ✓ 30+ years of immune expertise — IMMUNOe Health & Research
- ✓ We treat the MCAS triad together: MCAS + hEDS + POTS
- ✓ Xolair, Dupixent & full immunotherapy available
- ✓ Multi-specialty: allergy, immunology, neurology, rheumatology