FOOD ALLERGIES & SENSITIVITIES

How do you define food allergy or food reaction/sensitivity? If someone has a food reaction, how should it be handled?

A food reaction/sensitivity is an immune system activated by a food protein, generally mediated through either the Immunoglobulin E system, the Immunoglobulin A system, or the Immunoglobulin G system.

Technically speaking, the word "allergic" refers specifically to Immunoglobulin E-mediated antigen-antibody responses. There are also Immunoglobulin G and Immunoglobulin A reactivities which are not the classic Type I allergies (hives, sneezing, histamine, etc.), but precipitate many and varied immune system responses involving the full gamut of inflammatory cytokines such as IFN-gamma, the various Interleukins, Natural Killer Cells, etc.

IgE food allergies are the "classic" allergic responses with symptoms such as hives, sneezing, itching, watery eyes, or swollen throat. They are generally accompanied by high histamine and elevated Eosinophils. IgA and IgG allergies are generally delayed reactions with vague symptoms.

True IgE-mediated allergies can involve reactions to food, or to inhalants, or to skin contact. The symptoms involve an immune system defensive reaction of far greater magnitude than is appropriate. There will be IgE antibodies, high histamine, and activation of Eosinophils and/or Mast Cells. These allergies are far more common in your patients with Anaerobic, Parasympathetic, or Alkalosis Metabolic Imbalances. Since your Ketogenic patients are also systemically alkaline, they will also often manifest allergic symptoms. The common denominator in all your patients who have such allergies is your dermographics test. Almost all these patients will show a marked red dermographics reaction. When the dermographics test elicits itching along with a red response, then you know there is elevated histamine. The key to "treating" these allergies is not to treat them at all --- but rather to correct the underlying cause, which is the Metabolic Imbalance(s).

The IgG reactions are very definitely real and clinically significant. Since they do not involve IgE, nor histamines nor eosinophilia, they do not cause typical "symptoms attributable to allergy." Not only are symptoms associated with IgG reactions not typical allergic reactions, but they often occur after a significant delay --- so that whatever symptoms the patient suffers are rarely connected to the food. A broad array of symptoms are possible, and sometimes they can be bizarre. Commonly there can be headache, depression, mental fog, "flu-like" achiness, fatigue, somnolence or insomnia, polyurea or oliguria, and fluid retention --- and really any other symptoms you can imagine.

Food sensitivities are an example of not primary but secondary involvement in the whole ImmunoNeuroEndocrine stress complex. We have seen IgE and IgA food reactivity panels on many, many, many, many patients. We have seen them done on a patient and then repeated months or years later with an entirely different set of positive and negative findings. These occult food sensitivities are not in the least primary but rather acquired reactions to some part of the INE stress factor combination operating in a given patient. We have seen people with IgG food sensitivity scores in the tens of thousands who upon testing six months later showed no reaction whatsoever, yet in that same patient foods that tested no problem at all on the initial testing show a huge reactivity months later. These sensitivities are merely manifestations of an immune system that is stressed out of control. --- Again, they are effect, not cause.

There is only one problem with the panels of IgG food sensitivities, and that is that many of the reactions that turn up are transient reactions --- in other words, if you test the patient again in six months, some of the reactions that showed up initially will no longer be there, and some new ones may appear. However, the few reactions that are not transient will be consistent throughout the patient's lifetime. The most common primary IgG sensitivities are to milk, eggs, wheat, citrus, and potatoes.

A food reaction/sensitivity may not be Immunoglobulin-related at all. Something in a food may irritate or stimulate gastrointestinal secretion or motility. Or, something in a food may exacerbate a patient's Metabolic Imbalances and thus cause symptoms. For example, fried food (omega 6 fatty acids) may consistently give a DYSAEROBIC person a migraine and diarrhea. That is very definitely a food reaction, but not an allergy.

When a food causes an inflammatory gastrointestinal reaction (not to be confused with a lactose intolerance or other disaccharidase enzyme insufficiency), consider that …

- Many inflammatory bowel conditions are associated with sensitivity to certain foods. Whether IgE-, IgG-, IgA-, Mast Cell-, or Macrophage-activated, these manifestations of ImmunoNeuroEndocrine Stress will only abate significantly when you give your patient a specifically selected IMMUNO-SYNBIOTIC.

- Many inflammatory bowel conditions are associated with pathogenic bacteria and their endotoxins, and they will respond only to IMMUNO-SYNBIOTIC.

- The majority of food sensitive bowel conditions are associated with sensitivities to wheat and/or milk. The habituated heightened state of

INE reactivity will not abate, even when the offending food is eliminated, without IMMUNO-SYNBIOTIC.

- All require IMMUNO-SYNBIOTIC

Correcting Metabolic Imbalances often eliminates many food sensitivities. There are Immunoglobulin G food sensitivities that are fixed, and will not be entirely eliminated by NUTRI-SPEC. However, even in those cases, the degree of sensitivity --- in other words, the magnitude of the reaction and the degree of sensitivity --- will decrease. Most Immunoglobulin G sensitivities respond beautifully to NUTRI-SPEC. In almost all cases, reactivities abate completely. For some of the foods, a period of 10 or 20 days complete abstinence is required to fully desensitize. That 10 or 20 day strict avoidance also applies to IgE-meditated allergies.

For sensitivities that clear, but then down the road recur to some degree, then have the patient go on a 10-day every month rotation off the food, and reactions will be pretty well controlled or entirely eliminated. There are a few IgG sensitivities that will not respond to Metabolic Balancing, and those seem to be sensitivities that were acquired during infancy.

There is no harm in doing elimination diets. The only problem with them is that they are so subjective. The patient eliminates a food or foods from the diet for a period of time (ranging from 5 days to 30 days, depending on what protocol is being followed), and then decides whether he or she feels better without the food being eliminated. There could be a zillion reasons why the patient might feel better coincident with abstaining from a particular food, and if that happens, then a perfectly fine food is eliminated from the diet for no reason. --- The only way to be absolutely certain that the elimination diet "worked" is to challenge it. At the first sign that the patient subjectively feels better after eliminating a food, the person should wait 2 additional days, then eat a substantial portion of that food twice on the third day. Then, see if symptoms reappear. If so, then the elimination diet can be taken to the point of complete desensitization. Otherwise, if there is no reoccurrence of symptoms, then that was not an offending food to begin with.

Food reactivities, particularly Immunoglobulin G reactivities and Immunoglobulin A reactivities, are sometimes a part of the clinical picture in children with ADHD, autism, and so forth. But often the food reactivity is a result of the same immune stress that causes the ADHD or the autism. --- In other words it is an effect, not a cause. Occasionally, the food reactivities, even though a secondary problem, are so dominating the clinical picture that certain foods must be avoided at least temporarily. --- IMMUNO-SYNBIOTIC is a critical part of your care for ADHD and autism.

Universal Reactors

When you have a person who is a universal reactor you have to understand that the primary allergies are almost always food allergies. The other primary allergy is mutated bacteria from taking antibiotics. Being a universal reactor is virtually always associated with leaky gut syndrome. IMMUNO-SYNBIOTIC is essential.

In the case of food allergies, a rotten intestinal tract is almost always the cause of the problem, allowing partly digested proteins to be absorbed into the system which keeps the allergic tension high. Straighten out the digestive tract with IMMUNO-SYNBIOTIC.

Many times when a universal reactor has a reaction after starting a "health food" supplement, it is assumed that the reaction is an allergy to the supplement, when in reality, it is not an allergy at all but rather a sudden shift in the patient's body chemistry caused by the supplement --- a shift which exacerbates one of the Fundamental Metabolic Imbalances. For example: something so seemingly innocuous as vitamin C (commonly given to people with allergies) can completely throw off several Metabolic Imbalances.

Very few of the Nutri-Spec supplements contain any of the 8 common food allergens. Never-the-less, universal reactors can react to anything they eat, anything they breathe, and anything they touch. These patients are so sick and so weak (in other words, they suffer so much ImmunoNeuroEndocrine stress) that almost anything can throw them into one of the Nutri-Spec Metabolic Imbalances. So, you have to make the distinction between whether it is really an allergic reaction or a metabolic shift. You will be able to determine which it is simply by re-testing your patient. If the test results are little changed, you can safely assume that it is a true allergic reaction. If, on the other hand, the test results have changed, then you know that a metabolic shift has taken place and that the patient does not have an allergy to the supplement.

Testing for food *sensitivities:*

The ALCAT testing for food sensitivities is extremely unreliable --- and will lead you and your patients running in circles forever.

Immunoglobulin E and Immunoglobulin G blood tests for food sensitivities are helpful. One reliable lab is Genova. What you need to understand about IgG food sensitivities is that they are most often transient. In other words, you can test a person for IgG food sensitivities today and then retest in 6 months, and you will have a completely different set of foods showing up on the second versus the first test. The best approach to take in considering the list of foods that show a positive IgG reaction is to strictly avoid those foods that rate as a +4, and do a once monthly 10-day rotation off the ones that test +2 or +3, and

ignore those that test +1. Do a follow-up testing in about 6 months, and any foods that repeat on the second testing you can assume are semi-permanent reactions, and should be strictly avoided indefinitely.

Diagnos-Techs does saliva Immunoglobulin-A testing for a few foods like gluten, eggs, milk, and soy. Those are beneficial, and should be regarded the same as the IgG sensitivities. Immunoglobulin A is also tested as part of Genova's stool analysis. If you are specifically testing for gluten sensitivity, the transglutaminase enzyme test is inexpensive, and usually definitive (without going to the expense of IgG testing).

Gluten Intolerance

There are all degrees of gluten enteropathy. The problems with gluten go far beyond what is generally accepted by the medical establishment --- yet --- are probably less than claimed by many alternative practitioners.

Consider --- is gluten sensitivity a primary causative factor, or is the gluten sensitivity itself secondary to INE stress? The gene mechanists have identified certain gene combinations associated with gluten sensitivity. Yet not all people with this combination of genes experience any gluten sensitivity. There is virtually always some combination of INE stress factors that trigger the first reaction to gluten. There are people who develop "genetic" gluten sensitivity when they are in their teens or twenties, after having no problem for the first ten, twenty or more years of their lives.

Many people do have anti-gliadin antibodies, and must avoid all the gluten grains such as wheat, barley and rye. Thirty percent of all people with mold-related pathology have a gluten sensitivity. The only help for these people is thorough mold remediation of their living environment, along with IMMUNO-SYNBIOTIC as part of either NUTRI-SPEC Metabolic Balancing, or your NUTRI-SPEC Diphasic Nutrition Plan. Gluten sensitivity is very common not only in those with mycotoxicosis but also those with excess estrogen.

Many of the symptoms of intestinal distress that are blamed by ignorant doctors on gluten sensitivity are often actually associated with disaccharidase deficiency --- an expanded form of lactose intolerance.

It would be awfully hard to put a number on the percentage of patients who have true gluten intolerance, but it is much lower than most alternative practitioners believe. It seems that labeling patients gluten intolerant has become quite fashionable, and many doctors use gluten intolerance as an excuse when a patient is not responding to whatever treatments the doctor is applying.

We sometimes run either transglutaminase enzyme tests, or Immunoglobulin G reactivity tests, or Immunoglobulin A reactivity tests, or gliadin antibody tests of blood, or gliadin antibody tests of stool culture, in patients who have chronic intestinal symptoms, and except in those who have celiac disease, the frequency with which we find gluten/gliadin sensitivity is very small. --- Truly, since our development of IMMUNO-SYNBIOTIC, we rarely order any type of gluten intolerance testing.

There are several cost-effective means of identifying gluten sensitivities. Reliable tests include transglutaminase, Immunoglobulin E allergies, Immunoglobulin G sensitivities, and Immunoglobulin A sensitivities. The Immunoglobulin A can be done with either a stool culture or with a saliva sample. All those tests are both accurate and clinically meaningful, and if you run all of them on a person, you can be certain to either rule in or rule out gluten sensitivity. On the rare occasion you might miss one, all you need to do is have your patient go on a gluten-free diet for 10 days and on the 11th day eat a substantial amount of gluten. If there is sensitivity, the patient will experience obvious symptoms.

There are esoteric tests for gliadin sensitivity, and a few may be valid --- but if the only lab that does them is the lab that has done the "studies" on them, then do not trust them based on their word alone. That they claim 2/3 of the people have a gluten sensitivity is further reason to doubt their veracity. Furthermore, if they use the term, "cross reactivity" to other food, as if it relates in some way to gliadin sensitivity, then they are dangerously ignorant.

It always seems puzzling why patients will invest considerable money in testing from the lunatic fringe, when allergic reactions can be clearly identified with legitimate testing.

For your information, most people who are told or believe they have a "gluten allergy" do not. Most of these people have discovered that they feel rotten when they eat products containing wheat, and they assume their symptoms are associated with gluten sensitivity. --- But --- in many cases the symptoms in response to wheat have nothing to do with gluten. There are several common causes of symptoms after eating wheat:

- Foods containing wheat are predominantly carbohydrate. Since most people who are not well are also insulin resistant, any high carbohydrate consumption will make them feel poorly in association with high insulin output and poor glycemic control.

- Wheat is a very low amylose carbohydrate. Amylose is not much different than sugar in its insulin effect. So, what we just said about people feeling poorly in response to excess carbohydrate in general applies with much

higher intensity with low amylose starches such as wheat (and potatoes and rice).

- There are both Immunoglobulin E and Immunoglobulin G reactivities to wheat that do not involve the gluten in the wheat, but rather some of the other wheat proteins.

- There are pro-inflammatory components of grains in addition to gluten. One factor in the inflammatory effects of wheat in particular relates to the change in wheat that occurred in the 1960's. Hybridization of wheat totally changed the character of wheat from what it was in the thousands of years before the 1960s. The modern wheat hybrid is much lower in protein, minerals, and trace minerals. But even more significant changes are that the modern wheat hybrid, in a study comparing it directly to traditional wheat, shows after 8 weeks, that the modern wheat increases cholesterol, decreases potassium and magnesium, and increases blood sugar. And by far the most important distinction is that the modern wheat causes an increase in inflammatory cytokines --- the inflammatory reaction most associated with cardiovascular disease, Metabolic Syndrome, stroke, and arthritis.

- Reactions to grains are often reactions to mold. Grains are full of mold as they become contaminated during harvesting and storage. So, eating a whole grain means exposure to mold fragments (dead mold and spores). Then, there is often a second source of mold exposure from grains. Bread and other baked goods will begin to grow new mold if not eaten within a few days. --- So --- many cases of "gluten allergy" are actually Mixed Mold Mycotoxicosis or Eosinophilic Fungal Rhinosinusitis.

Milk

Not too many people can get away with drinking milk without some harmful effects.

No one should drink low fat milk because it is a concentrated source of sugar. Many of your patients continue to be victims of the low fat diet mythology. They have been brainwashed to believe that decreasing saturated fat and cholesterol in the diet is the key to preventing cardiovascular disease, as well as helpful in losing weight. Wrong and wrong. Low fat milk, low fat yogurt, low fat cottage cheese, by several mechanisms increase the risk of cardiovascular disease, cause weight gain, and contribute to the development of Metabolic Syndrome with all its sequelae, including tubby tummy, high triglycerides and cholesterol, diabetes, fatigue, depression, hypertension, cardiovascular disease, and increased incidence of cancer.

If we look at the both humorous and tragic history of low fat milk, we see that (long before the promotion of low fat diet mythology) low fat milk was used to fatten hogs. You see, low fat milk was nothing but a waste product left over after the dairy industry skimmed off the cream --- to be sold as cream and butter. What to do with a zillion gallons of this waste product? Just throw it away? Could it possibly be put to use? --- Animal husbandry scientists discovered that feeding low fat milk to hogs greatly accelerated their rate of fat deposition.

--- It was a few decades later when (with absolutely no scientific documentation whatsoever) agribusiness and the medical establishment created fat phobia, and began selling low fat milk, not as a cheap waste product to feed hogs, but as a health-promoting and "slimming" food for humans --- and at several times the price. ----- So, for the past 60 years hogs are fattened with soy and corn, while it is humans that are turned into fat pigs by low fat milk, yogurt, and cheese.

Honest science has refuted the low fat mythology so many countless times, it should have been exorcised from the hearts and souls or people decades ago. But since agribusiness and the pharmaceutical industry continue to plow billions of dollars into advertising low fat processed foods, the mythology continues to devastate the lives of countless thousands. But even just quite recently, two major studies specifically looked at low fat dairy. Researchers at Tufts University did a 15 year study, concluding that people consuming full fat dairy compared to low fat dairy had a 46% lower risk of becoming diabetic. And another --- the Women's Health Study shows that women eating high fat dairy have an 8% less chance of becoming obese than those who eat low fat dairy.

By what mechanism does low fat dairy turn your patients into fat pigs with Metabolic Syndrome? Think about it --- when you take the fat out of milk, what is left? Milk is very high in sugar to begin with, but natural milk has that sugar balanced out by the fat content. You take out the fat, and all that's left is largely sugar, plus a much higher percentage of protein. The lactose sugar initiates an insulin effect, and the milk proteins in excess of what the body can immediately utilize go through gluconeogenesis, producing even more sugar.

But the assault on glycemic control is not the only problem with low fat dairy. Without the fat, fat soluble vitamins A, D, E, and K are not assimilable. And of course, the absence of vitamin D activity means that the calcium in milk cannot be absorbed. It is easy to understand, then, why low fat milk is associated with an increased incidence of osteoporosis. Additionally, low fat milk is associated with an increased risk of prostate cancer.

--- And that is not all --- low fat milk products are often fortified with additional skim milk powder. So, this garbage is processed under extreme heat (even

more extreme than the heat used in pasteurization), which has shown to oxidize the cholesterol remaining in the skim milk. It is only oxidized cholesterol that is pro-inflammatory --- activating macrophages, which release Interleukin 6 --- the key inflammatory factor in atherosclerosis.

Here are other problems frequently encountered with milk:

A. Cardiovascular disease, risk may increase over a lifetime of drinking milk that is pasteurized, thus releasing the xanthine oxidase enzyme that contributes to the arterial wall inflammation that leads to atherosclerosis.

B. Lactose intolerance is the inability to break down the lactose sugar in milk. Since the sugar cannot be digested it goes right through the intestinal tract and feeds bacteria. The result is a direct irritation of the intestinal lining from the lactose itself plus the irritation and gas that comes from the fermentation of the sugar by bacteria. Lactose intolerance is, therefore, not an allergy to milk but just an inability to digest the milk sugar, which then ferments in the gut.

C. An allergy to the milk protein (particularly casein) is the most common food allergen (= mucous production, arthritis, diabetes).

D. There are lectins in milk that cause an agglutination reaction in many people.

Since milk is a combination of sugar plus sterol fats, it will make Anaerobic Imbalances worse.

Many people compound the problems with drinking milk by drinking low fat milk. (See the discussion above.) Once the fat is taken out, by far the majority of milk is sugar, which creates problems with virtually any of the Metabolic Imbalances.

An occasional patient experiences digestive inflammation in response to cow milk that is not a lactose intolerance but an immune system reaction, probably mediated through the Secretory Immunoglobulin A of the intestinal lining.

Some of these problems are minimized or eliminated with use of raw milk. Certainly raw milk (--- and goat milk preferentially to cow milk) is what should be consumed by children up through age 6.