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Food Sensitivities – Should I Be Concerned?

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Food allergy is well recognized in the medical community as a cause of acute asthma attacks, urticaria, swelling or anaphylaxis, and is found as a contributing factor in many cases of eczema or chronic nasal discharge. These types of reactions can usually be diagnosed by a thorough medical history and skin prick or IgE-radioallergosorbent (RAST) testing. In the strictest immunological sense, only 10-30% of food reactions involve elevation of IgE, and in the absence of such evidence the less specific diagnosis of Food Sensitivity or Intolerance is preferable.

Food Sensitivity/Intolerance has been the subject of controversy for many years. Many allergists believe that only a few people have food allergies, and they have a short list of foods they routinely test believing to cause only a few possible easily predictable symptoms. The foods most commonly tested include wheat, dairy, corn, soy, chocolate, nuts, peanuts, eggs, fish, and perhaps tomatoes.

Some sources estimate the prevalence of Food Sensitivity/Intolerance to occur in up to 60% of the U.S. population. Unlike the food allergy reaction where ingestion can cause an asthmatic or anaphylactic reaction, food sensitivity reactions can seem mild and be delayed by many hours or even several days, making identification often difficult.

Some of the conditions found to have an association with food sensitivities include: fatigue, migraines, irritable bowel syndrome, inflammatory bowel disease, gallbladder disease, arthritis, asthma, attention deficit, eczema, fibromyalgia, psoriasis, epilepsy, otitis media, recurrent infections, mental "fog," headaches, aphthous ulcers, nasal congestion, and a myriad of gastrointestinal complaints.

From a Naturopathic perspective, foods which are not well digested or metabolized in a particular body can become a source of maldigestion, intestinal toxemia, dysbiosis, and chronic irritation to body tissues. This cascade of events will then affect or interfere with normal function of the body, and become part of the basis for chronic illness. This makes identification of food sensitivities a first order concern when dealing with chronic complaints.

A food-allergic person is one who has adverse IgE-dependent reactions to specific foods. The diagnosis can be made on clinical grounds alone and distinguished from other causes of food intolerance if the symptoms: (1) are immediate in onset (within one hour); (2) recur on challenge testing; (3) include apart from gastrointestinal disturbances, such features as lip swelling, itching, redness, anaphylaxis, asthma or eczema.

Delayed food allergy or sensitivities does not appear to involve IgE antibody, but rather IgG and less often IgM and IgA antibodies. However, moderate levels of IgG don't give a clear clinical picture as increased levels indicate the body has been exposed to a reactive

food even though the food clinically may not cause a problem. However IgG is significantly involved in respiratory tract allergies, such as rhinitis, enlargement of tonsils/adenoids, chronic cough and asthma.

Symptoms can be delayed from one hour to 2-3 days after consumption of the offending food(s). Because of this delay in onset of symptoms, it is often difficult to associate the use of food with sensitivity symptoms. This is further complicated by the tendency of people to become addicted to the foods which they are allergic. This so-called "allergy-addiction syndrome" has been observed by many clinicians and appears consistent with Selye's "general adaptation" response to stress. You eat foods that cause short term relief, which later demonstrate to be the cause of your chronic symptoms.

There are several methods for assessing foods to which people may adversely react. However they all have advantages and disadvantages, and there is no simple 100% reliable clinical test available for food sensitivity testing. Identifying the reactants that cause common symptoms is not easy because the reactions may be due to immune-mediated reactions, intestinal enzyme deficiencies, toxins, infections, neurological/psychological reactions or an unknown mechanism.

A comprehensive health history and food diary is often helpful, and hidden food intolerance may at times be easily discovered through an elimination diet. After eating a hypoallergenic diet for a period of time chronic symptoms disappear, then as food is reintroduced in a systematic approach the observation of symptom return suggest intolerance. The foods most commonly associated with Intolerance include: dairy products, wheat, eggs corn, citrus fruits, chocolate, sugar, yeast, peanuts, soy, coffee, tea, pork, rye, beef, tomato, barley, nuts and seafood.

To obtain a brief description of the tests most commonly used to try to detect food sensitivities you can contact my office, as explanation is too cumbersome for this article. These techniques include: Radio-Allergo-Sorbent Test (RAST), PRIST, Radio-Allergo-Sorbent Procedure (RASP), Enzyme Linked Serum Assay (ELISA), ELISA/ACT, Food Immune Complex Assay (FICA), Cytotoxic Testing, Sublingual Testing, Kinesiology, Neutralization Therapy, Scratch/Skin Testing, D'Adamo Blood Type, O.G. Carroll Test, and E.A.V. testing. Each test has its attributes and short-comings involving accuracy, cost, reproducibility, and ease of testing method.

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Whatever clinical techniques are used in the diagnosis of food irritants, it is always necessary at some point to demonstrate a cause and effect relationship between food ingestion and the provocation of symptoms. The exclusion of the intolerant food(s) is the most effective form of diagnosis and management making an appropriate avoidance regime essential. Regardless of which method is used, if the offending food(s) is/are eliminated, the patient will feel better.

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For more information about the **Five Phase Optimal Health Program**® or his services, go to www.PittsburghAlternativeHealth.com or contact Pittsburgh Alternative Health, Inc. at **412-563-1600**.