

# THE ROLE OF CENTRAL FOOD ALLERGIES AND INTOLERANCES ON OVERALL HEALTH FROM BIRTH TO OLD AGE

## INTRODUCTION

*“The number of allergens these days has reached astronomical heights.”*  
Reinhold Will

In 1906, when Claus von Pirquet introduced the word “allergy” to describe maladaptive reactions to foods and substances in a person’s environment, he did not realize the controversy this would cause decades later.

Today, in medical schools, allergy is taught as meaning a reaction producing an IgE antibody. These reactions, however, account for less than 5% of maladaptive reactions. Orthodox medicine is probably entrenched in this way of thinking because these reactions can be severe and lead to death.

Clinical ecologists, on the other hand, are concerned with all forms of maladaptive reactions, as the ‘non IgE’ ones may not kill but can cause severe discomfort and chronic illness over many years and drastically reduce quality of life. Classic texts on allergy by clinical ecologists<sup>(1,2, 3,4.)</sup> prioritise foods as playing a central role in “allergic” conditions. Indeed foods dominate the list of “top ten allergens” of three eminent practitioners: Dr Vicky Rippere (London Institute of Psychiatry); Prof. John Soothill (Great Ormond Street Hospital); and Dr Joseph Egger (Munich) – see table below.

## Top Ten Allergens

| Rippere                   | Soothill   | Egger                  |
|---------------------------|------------|------------------------|
| 1. Wheat & wheat products | Cow’s milk | Chocolate              |
| 2. Dairy produce          | Egg        | Colourings             |
| 3. Food additives         | Chocolate  | Cow’s milk & chemicals |
| 4. Coffee, alcohol        | Orange     | Egg                    |
| 5. Chocolate              | Wheat      | Citrus                 |
| 6. Citrus                 | Additives  | Wheat                  |
| 7. Corn                   | Tomatoes   | Beet sugar             |
| 8. Egg, cane sugar        | Rye        | Nuts                   |
| 9. Tea                    | Fish       | Cheese                 |
| 10. Oats                  | Pork       | pork                   |

It can be seen from this table that two of the staple foods in western society, that is, wheat and dairy, are common to all three studies and Dr Keith Mumby states in his book *Diet Wise* that, in his experience, “if one were simply able to persuade the entire population to give up just these two foods, the change in the health of the nation would be dramatic.”

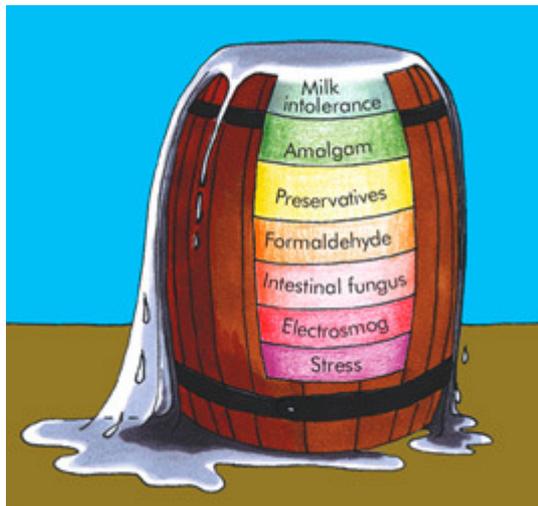
In fact, opinion is leaning more and more towards the belief that central foods (i.e. those most commonly consumed on a daily basis) are significant in many chronic conditions and illnesses. Before looking at these foods individually, however, an understanding of three underlying principles linked to maladaptive reactions is not only helpful but necessary. These principles are: Total Body Load (TBL) concept; target organ theory; and General Adaptation Syndrome (GAS).

## TOTAL BODY LOAD

During our lives we encounter numerous environmental stressors that, most of the time, we manage to cope with. Stressors are cumulative and include:

- Biological: food, bacteria, viruses, vaccines
- Chemical: food additives, pesticides, toxic metals, drugs
- Physical: radiation (nuclear, X-ray, microwave, computers etc.)
- Emotional: changes hormonal balance

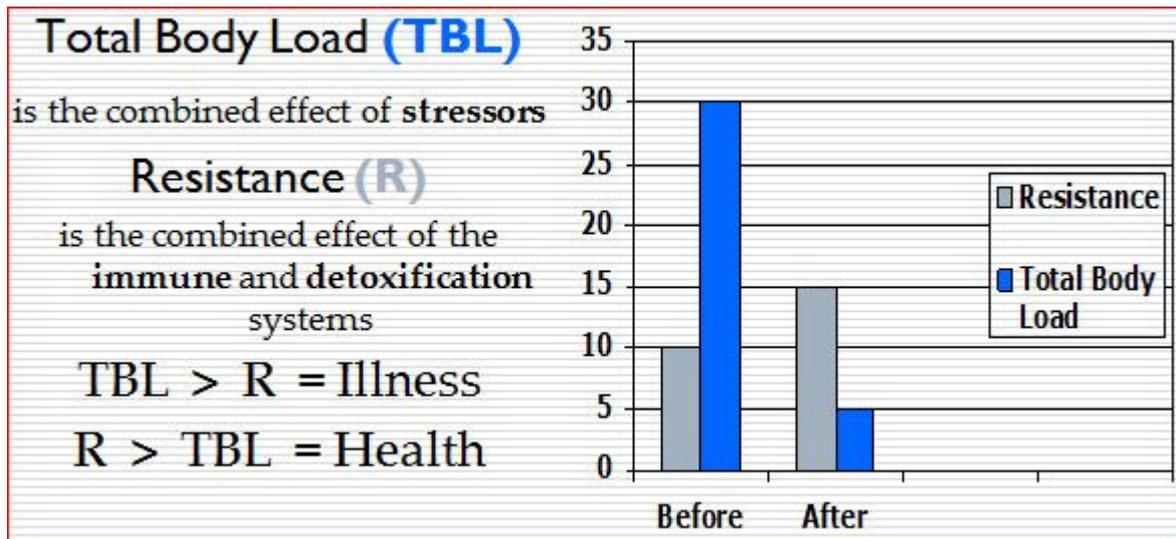
If we think of our bodies as an empty barrel at birth, the diagram below depicts the eventual outcome of 'overload'. Living in an industrialised world results in an increasingly toxic load and eventually our barrel overflows, our total body load now exceeds our defences and we become ill.



**Overload of stressors**

The last stressor affecting the body and causing the overflow produces symptoms but this particular stress is not the underlying cause but “the straw that breaks the camel’s back”. The symptoms are usually the cumulative effect of a number of stressors building up over time. So, for example, someone with a wheat allergy might suffer from hay fever in the pollen season. The underlying cause, or biggest stressor, is wheat. The pollens are the added stress and, once the wheat allergy is removed, it is possible that they may no longer be a problem.

**Resistance** is the combined effect of the immune and detoxification systems. In the barrel analogy, it is the size of the barrel. Someone with a big barrel can hold a lot more stressors before it overflows. Where the total body load of ‘stressors’ exceeds the resistance, illness sets in. Another way of looking at this is shown in the graph below.



### *Schematic Representation of the Total Body Load Concept*

Before eliminating some of this 'load', for example a central food such as wheat or dairy, we have the situation on the left: resistance is low and body load is high. After eliminating these foods, we have removed two major stressors, significantly reducing the TBL. In the following months we expect the resistance to continue to rise and the person to become less prone to infections such as winter flu.

Treatment, therefore, is based on removing the largest stressors first as this will bring down the total body load faster and, in most cases, the largest stressors are expected to be central foods rather than environmental allergens; for example, wheat rather than pollen.

If the person's resistance is high, removal of just a few stressors will be all that is needed for the total load to fall below the resistance. A person with low resistance will need more stressors removing. Nutritional support can be used at the same time to strengthen resistance.

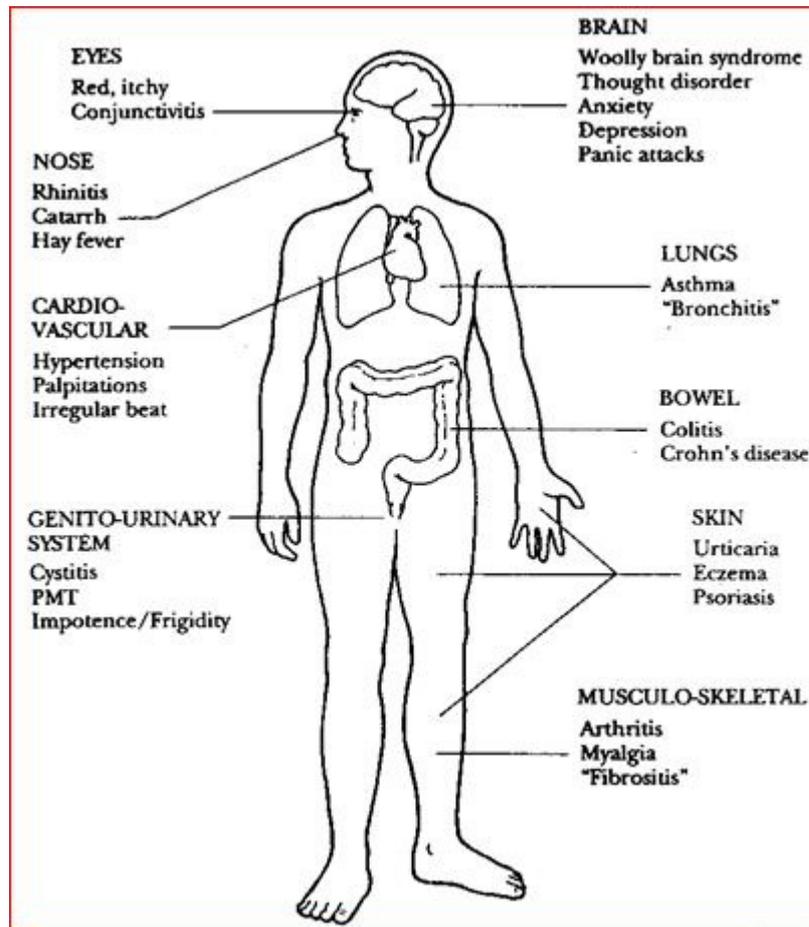
### **TARGET ORGAN CONCEPT**

**It has often been observed that one part of the body always receives more of an allergic reaction than the rest.**

*Keith Mumby*

Whatever the environmental stressor, whether it is a food, a chemical, a hidden infection or some other insult to the tissues, the symptoms caused by this stressor will often appear at the weak point in the body. They are 'referred' to this organ, regardless of the actual trigger and the symptoms experienced will depend largely on the function of this organ and its state (excited - acute phase, or depressed - chronic condition). In theory, each person has an individual body load and therefore unique toxic signature, in practice, there are associations between stressors and diseases, for example, cow's milk and asthma.

So, a particular allergy or intolerance, say dairy, attacking the lungs may cause asthma; in the bowel it will produce abdominal pain, bloating and maybe diarrhoea or vomiting; if the joints are the target then aching and stiffness may result; and in the head, headaches may occur.



## GENERAL ADAPTATION SYNDROME

Any discussion of 'allergens' within the field of environmental medicine must include reference to Hans Selye's hypothesis of stress adaptation. It is something widely accepted within the field of clinical ecology as it seems to agree not only with long-term, daily observations but also explains many of the experiences of both researchers and those who suffer from various symptoms and health issues.

Selye's research, carried out over many years, led him to develop a model of stress and adaptation, which explained the disease process in human beings. Selye concluded that a person's ability to fight off disease was determined by how well they could adapt to the cumulative effects of any/all stresses they encounter. These toxic stressors include foods, infections, environmental factors, job pressures and emotional stress, to name just a few.

This stress can trigger a three-stage adaptation syndrome: The alarm stage; the adaptation phase; and the exhaustion stage. The first phase, the "alarm" reaction, occurs when a person is exposed to one or a number of combined stressors. The body then reacts and, if strong enough, the stress is 'resolved' and homeostasis is re-established. If this doesn't happen and the person continues to be exposed they will eventually 'learn' to adapt and will no longer have an obvious reaction. This is classed as the adaptation phase and the stress reaction becomes chronic. At this point it

may seem that the stressor is no longer a problem but in fact this is now in the more dangerous “masked” reaction phase.<sup>1</sup> In the final “exhaustion” phase the body’s defence systems are worn down and other “interfering factors” can have nearly limitless effects. Illness then develops and often the initial cause goes unrecognised.

So, for example, a baby who is introduced to cow’s milk at too early an age may experience an allergic reaction (for example colic). If the parents continue to include milk in the diet (thinking that the child ‘needs’ it and not knowing that it is in fact causing a problem) the child may ‘learn’ to tolerate it. At this stage, the ‘allergic’ symptoms will reduce or disappear. This, then, represents the “adaption” stage. It may be many years before the child moves into the final phase (with, say, just the occasional bouts of illness or digestive problems). But the body’s resistance is gradually wearing down and , finally, the reaction will reappear either with much more severe reactions similar to those first experienced, or, with one or more different problems, for example, migraine, eczema plus digestive problems.

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<sup>1</sup>Someone with a chronic problem will often find it almost impossible to identify the trigger food, as the acute reaction no longer occurs, having been replaced by one or more chronic conditions. In other words the reaction has become *masked*. This is illustrated very clearly in Herbert Rinkel’s story.

***“If someone eats a certain food daily or almost daily he/she can be allergic to it without ever suspecting that particular food to be the cause of their symptoms. It is common that the person feels better having eaten the food than before its ingestion.”***

*Herbert Rinkel*

This American physician recognised this phenomena when he experienced it first-hand.

*As a medical student, with little money, his diet contained a great many eggs. His father, a farmer, supplied him with large quantities to help Rinkel out. During his time as a student Rinkel became increasingly unwell (esp. sinus and nasal catarrh). After reading a publication by Rowe, he decided his symptoms might be linked to eggs. To test his theory, he ate six eggs but didn’t suffer a reaction. In fact, he felt a little better. Rinkel then forgot his theory for another four years, when further study led him to try a different approach. Firstly, he eliminated eggs from his diet for a few days. At this point, he felt significantly better. Five days later, (his birthday) he ate some of his birthday cake and ten minutes later he was unconscious and remained so for several minutes. When he discovered there were three eggs in the cake he surmised that he had become hypersensitive to eggs. To test this, he repeated the process of abstaining for five days and then exposing himself to eggs. Again, he had a severe reaction. From this, he developed a test method to uncover ‘masked’ allergies. His elimination diet is still popular today.*

**From this we can surmise:**

1. Central allergens/intolerances are chronic and are often masked. 2. Symptoms usually diminish or disappear (after the initial worsening). 3. If the patient ingests the problem food within a certain period of time it can sometimes help to alleviate the symptoms. (1-3 days). 4. If the problem food is completely eliminated from the diet (or environment) for 3-4 days (Rinkel) then an acute reaction will occur when it is reintroduced.

## CENTRAL FOODS

*“Chronic allergies/intolerance's are triggered by substances to which a person is exposed daily or often, or with which the body is in constant contact. (Reinhold Will p71)*

When we talk about central allergies and intolerances we are no longer talking about acute reactions but the long-term effects of substances to which a person is frequently exposed. People who have a genetic predisposition often develop one or more chronic allergies in early childhood, reacting to a staple food (one ingested daily).

A reaction to cow's milk is very common because it is usually the first foreign protein a baby is exposed to. Wheat follows closely behind. These two foods are by far the most important triggers for central allergies. They are virtually the only foods that Westerners have ingested daily since childhood and reactions are numerous and varied. Other allergens, other foods, pollens, animal hair etc. usually developed as a result of the body being under stress from these central strains.

## ADDRESSING CENTRAL ALLERGENS

When first questioned, some clients may appear to be sensitive to a large number of strains. When this occurs a treatment plan to eradicate them all would take weeks, or months and may not even be possible. In such cases, eliminating the central, problem, foods first, often reduces the load sufficiently for the body's self-regulation to deal with minor offenders.

If we view eradicating 'allergens' like trying to demolish a house, then knocking out the central ones is comparable to knocking out the cornerstones of a house. It is likely that the house will crumble from strategic hits. Likewise, the 'allergic condition' can be broken when central foods are eliminated.

It should always be remembered that central allergens could well be the foundation for the client's developing history of ill health. Whilst a wheat allergy, for example, might not seem as serious as, say, a major infection, chemical exposure, or *Candida*, it is likely the basis from which the other problems occur. All allergies can weaken the immune response and, for this reason, the allergies considered central are of paramount importance.

The food types listed below, therefore, are the most common. Depending on environment, ethnicity, and personal preferences, however, the central food group is a movable feast. So, for example, when I started in practice (fifteen years ago, in England), salicylate was not a common problem for my clients. Working in Australia, where there are large groups of people from the Mediterranean, and where the availability and range of fruit and vegetables has always been plentiful, salicylate intolerance is almost as common as wheat and dairy.

1. Dairy: casein and less often lactose
2. Wheat
3. Gluten
4. Eggs
5. Sugar
6. Yeast
7. Salicylates

Whilst anything we put in our mouth can be problematic in certain conditions, research indicates that wheat (gluten) and dairy (casein) cause the most problems. It seems likely that Dr Keith Mumby's comments (see earlier) have validity and the reason is likely to be these two are significant factors in many serious autoimmune conditions.

Wheat is the greatest source of gluten in the Western diet and gluten, like cow's milk protein (casein) it is a tough, sticky, large molecule substance which often presents problems to anyone with a weak digestive system. The presence of poorly digested proteins in the gut encourages inflammation and dysbiosis, causing the walls of the intestine to become more permeable and so allowing the undigested particles to pass into the blood stream. Here they attract antibodies and form circulating immune complexes (CIC's) which trigger histamine and 'intolerance' reactions. These can occur anywhere in the body with the resultant linked symptom, for example, headache, skin reaction, fatigue etc.

In fact researcher Dr Nadya Coates' studies have led her to conclude that many health problems are linked to gluten (and perhaps casein) because it's sticky 'nature' means it can, and often does, encapsulate smaller molecules such as sugar, cholesterol, peroxidized fat molecules, or salts, which are then also transported into the blood stream before they are fully digested. Arriving at one or more of the body's major organs they then become embedded in the organ tissue, blocking the passage of nutrients and oxygen. This has become especially problematic with gluten since gluten isn't easily degradable and its molecular weight and density is so high that it can imitate human protein chains. Once lodged in body tissues mucus and large numbers of white blood cells are released to act as a defence and so degenerative and autoimmune conditions<sup>2</sup> are likely.

## **CENTRAL FOODS: INTOLERANCE AND LINKED SYMPTOMS**

In this final section I have listed the most common symptoms and illnesses linked to the central foods typical in our Western diet. It is important to note, however, that someone suffering from any of the central food intolerances/allergies may only experience one (or very few) of these symptoms at an early age. Later in life symptoms may move to a different target organ and the number and type of symptoms may also increase as more organs (and area of the body) are affected. Finally more serious, often autoimmune, conditions and illnesses will develop.

### **GENERAL SYMPTOMS THAT MAY BE ATTRIBUTABLE TO ALLERGIES**

#### **KEY SYMPTOMS**

1. Over or under weight.
2. Persistent fatigue, not helped by rest.
3. Swelling around eyes, hands, abdomen, ankles etc.
4. Palpitations or speeded heart rate, particularly after meals.
5. Excessive sweating, not related to exercise.

#### **OTHER SYMPTOMS**

1. **Head:** headache; migraine; sick heads; solid feeling; pressure; throbbing; stiff neck; stabbing pain.

2. **Eyes:** redness; itching; blurred vision; sandy/grittiness; seeing spots; heavy eyes; seeing flashing lights; dark rings under eyes; periodic double vision; unnatural sparkle in eyes; watering.
3. **Ears:** ringing in ears; hearing loss; itching/redness of outer ear; recurring infections; earache.
4. **Cardiovascular:** rapid or irregular pulse; chest pain; palpitations after eating; tight chest; pain on exercise (angina); raised blood pressure.
5. **Lungs:** Tightness in chest; wheezing; hyperventilation; coughing; coughing; poor respiratory function.
6. **Nose/Throat/Mouth:** metallic taste; post-nasal drip; mouth ulcers; stuffed/blocked nose; frequent sore throats; sinusitis; stiffness of throat/tongue, sneezing.
7. **Gastro-intestinal:** nausea; diarrhoea; constipation; variable bowel function; abdominal bloating; flatulence; abnormal hunger pangs; acidity; pain in stomach; abdominal distress.
8. **Skin:** eczema; hives (urticaria); rash; excessive sweating; itching; blotches; chilblains.
9. **Musculoskeletal:** swollen, painful joints; aching muscles; muscular spasm; shaking, esp. on waking; cramps; fibrositis; pseudo-paralysis; arthritis.
10. **Genito-Urinary:** PMT; menstrual difficulties; frequency of urination; genital itch; bedwetting; urgency; burning urination.
11. **Nervous System:** inability to think clearly; memory loss; ‘dopey’ feeling; stammering attacks; terrible thought on waking; insomnia; maths/spelling errors; blankness; delusion; crabby on waking; hallucinations; difficulty waking; desire to self-injure; convulsions; light-headedness.
12. **Overactive Mental State:** silliness; anxiety; panic attacks; hyperactivity; irritability; rage; tenseness; restlessness; fidgeting; general speeding up; restless legs.
13. **Depressed Mental State:** brain fag; depression; feeling withdrawn; melancholy; lack of confidence; low mood; depersonalised feelings; confused; tearful.
14. **Other Symptoms:** sudden tiredness after eating; sudden chills after eating; vertigo; abrupt changes – well to unwell; feeling generally unwell ‘all over’; drained/exhausted;

## CONDITIONS THAT MAY BE ATTRIBUTABLE TO ALLERGIES

As we have already discussed, if the body is overloaded with toxic stressors, illness occurs. Some conditions, however, are directly related to allergies and below some of these are listed. This is not an exhaustive list, merely an indicator.

- Arthritis
- Asthma
- Brain Allergies (behaviour etc.)
- Chronic Fatigue
- Cystitis
- Hay Fever
- Hormonal Conditions
- Ear infections
- Headaches/migraines

- Intestinal Complaints
  - o Irritable Bowel Disease
  - o Crohn's Disease
  - o Colitis
- Sinusitis
- Skin Disorders

## CENTRAL FOODS AND SYMPTOMS

### DAIRY

*“In our society, cow’s milk is the first foreign protein that an infant is confronted with”*  
(Reinhold Will, p72)

The most commonly used ‘milk’ products are:

1. Cow’s milk
2. Goat’s milk
3. Soy Milk
4. Rice Milk

Of these, cow’s milk is the most commonly consumed in Western society, and it is the culprit for many allergic symptoms as it contains both proteins and carbohydrates or sugars (lactose).

Lactose is a disaccharide of D-glucose and D-galactose and is found in any ‘mammalian’ milk, including human. Apart from the hereditary lactose deficiency (absence or inferior activity of lactase in the small intestine walls), acquired lactose intolerance may also occur when allergic mechanisms cause the intestinal villi to be damaged (for example from an allergic reaction to gluten). If someone is lactose intolerant it means they will have a problem with milk from any animal.

While lactose intolerance is widely credited as an allergy, most often it is the milk protein that causes problems. Consuming reduced-fat milks increase this problem, as there is a higher content of protein without fats. A milk protein allergy may appear at any age but usually occurs within the first few months of life, and symptoms can include:

### Babies/Infants

- Crying excessively
- Cradle cap
- Colic
- Vomiting ( including other gastro-intestinal symptoms)
- Wheezing and other breathing problems
- Skin irritations
- Loose stools
- Ear infections (otitis media)
- Nasal secretions (thick, mucus type)
- Sleep disorders

## Older Children/Adults

- Asthma
- Sinusitis
- Various intestinal complaints (Crohn's, colitis, IBS etc)
- Migraines
- Hives /eczema/psoriasis etc
- Anaphylaxis

**Symptoms of lactose intolerance can include those listed above but commonly include:**

- Swollen or enlarged abdomen
- Stomach pain
- Excessive gas
- Diarrhoea

**Skin rashes attributable to a milk allergy are evident:**

- Firstly on the face and head- (wet and scabby – cradle cap)
- Secondly progress to stomach and back and extremities
- In the creases of elbows and behind the knees.

## WHEAT

*“Wheat is generally the second foreign protein with which the baby is confronted. An allergy exists to the protein found in wheat, and usually appears in the second year of life.”*

*(Reinhold Will p 72)*

After dairy, wheat is the second foreign protein most people in the Western world are exposed to. It is a plant that has been manipulated and altered more than any other food product and this over-cultivation has led to an increase in allergen potency. This is borne out by the fact that reactions to *Triticum Spelta* (spelt flour) the original form of wheat are much rarer.

In the nineteenth century (and earlier) wheat products were not the staple of most people's diets. Breakfast consisted of oats or proteins such as eggs, and one or more forms of meat. Lunch, for most, was a hot meal (stew, meat and vegetables etc) and the evening meal (or supper) may have included bread but for most this wasn't the highly refined loaves of the present day. Cakes, pastries, and sweets containing wheat were few and far between for most and the modern practice of using wheat as a filler or thickener was unheard of. Today, it is not uncommon to have wheat as part of every meal consumed, either in the form of bread, pasta, pizza, pies, pastries cakes etc. or as part of the many processed and takeaway meals that are common to many peoples' diets. Symptoms of wheat intolerance may include:

## Babies/Infants

- Crying excessively
- Colic
- Vomiting ( including other gastro-intestinal symptoms)
- Skin irritations

- Loose stools

### **Older Children/Adults**

- Hay fever and sinus problems (wheat is a grass)
- Diarrhoea / Constipation
- Gastro-intestinal complaints (Crohn's, colitis, IBS etc)
- Skin irritations including hives /eczema/psoriasis etc
- Anxiety/restlessness/various behavioural problems
- Arthritis

### **Skin rashes attributable to a wheat allergy include:**

- Dry and scaly, infected due to scratching
- On the face (eye area, mouth and neck)
- Outside of the arms above and below elbows, back of hands, on toes.

*(Reinhold Will p72)*

Many people reactive to wheat are also reactive to its close relatives, barley, rye, and oats. This is likely to be linked to ethnic factors. For example, wheat for Western Europeans but oats in Scotland and Scandinavia, rye in Eastern Europe.

## **GLUTEN**

Gluten is a mixture of individual proteins found in wheat, classified into two groups, Prolamines and Glutelins.

As already discussed, gluten is a very tough, sticky substance and like cow's milk protein, egg protein and yeast, it can present problems for a weak digestion. The frequent presence of poorly digested gluten in the gut encourages gut inflammation and dysbiosis, which makes the intestinal wall more permeable to the undigested particles. These then enter the bloodstream and attract antibodies, forming circulating immune complexes (CICs). CICs trigger histamine release and consequent "allergic" reactions known as food intolerances. These can take place anywhere in the body, resulting in digestive problems, hyperactivity, headaches, fatigue, skin reactions, kidney inflammation and so on.

Coeliac disease, the most well-known condition caused by a gluten allergy, occurs when the target organ is the small intestine. It results in a malabsorption syndrome, which damages the lining of the small intestine. Regarded as a 'true' allergy by Western medicine, it develops because of a reaction to a particularly tough protein fraction known as gliadin found in gluten. This fraction consists largely of a specific combination of the amino acids glutamine and proline. An especially destructive type of chronic inflammation results from gliadin allergy, which reduces the height of the folds (called 'villi') and hence the absorption area for nutrients. Eventually the mucosal cells (microvilli) are destroyed leading to chronic diarrhoea containing undigested food particles.

Coeliac disease is also associated with a variety of autoimmune disorders, carcinomas of the gastrointestinal tract and lymphomas. Severe effects of gluten/gliadin allergy, however, are apparently not restricted to the gut and some coeliacs also suffer from mental and neurological

problems, including schizophrenia. Dr William Philpott (author of *Brain Allergies*) found gluten allergy to be highly addictive and present in two-thirds of his schizophrenic patients. It is also associated with many less serious mental and neurological disorders such as ADHD. In these cases, it is the brain that is the target organ, rather than the small intestine.

Whilst the gut, and increasingly the brain are seen as target areas associated with gluten, any area of the body can be affected, depending on the particular patient and interestingly, new research has discovered that gluten has been shown to affect thyroid function.

## **OTHER SYMPTOMS**

**In general, symptoms are very similar to those listed for wheat.**

From our own experience in our clinic we have also noticed other indicators of wheat (+ gluten) and dairy (casein). These are listed below. **It is important to stress the list comes from our own experience and not from clinical trials.**

## **SIMPLY: WHEAT INFLAMES, DAIRY CLOGS.**

### **Digestion:**

**Wheat:** Bloating soon after eating. Pain, which comes and goes in waves. Diarrhoea / constipation / irregular bowel movements.

**Dairy:** Feeling full/heavy/food doesn't feel as if it's been digested. Uncomfortable rather than painful. Irregular bowel movements / constipation / diarrhoea.

### **Breathing:**

**Wheat:** Susceptibility to lung infections, colds etc. Painful sinuses, sore, runny itchy eyes, runny nose, and sneezing.

**Dairy:** Asthma, ear infections, blocked nose, swollen and painful sinuses.

### **Head:**

**Wheat:** Anxiety through to ADHD (esp. if gluten is involved).

**Dairy:** Heavy, sick headaches and migraines.

### **Skin:**

**Wheat:** See appropriate section for areas affected.

**Dairy:** See appropriate section for areas affected.

### **Body:**

**Wheat:** Causes inflammation of joints and will often lead to osteoarthritis in later life.

**Dairy:** General feeling of heaviness, lethargy and sometimes muscle aches / pains.

## **EGG**

***“One of the most common causes of food allergy in infants and young children is the egg.”***  
(Reinhold Will p 73)

It seems to be that egg yolk is only rarely involved in an allergic reaction. Commonly it is the white of an egg that is problematic and there is, therefore, a discrepancy between IgE proof and allergic reactions. Investigations with babies have shown that immuno-globulins against egg

white may be formed at a very early age. In many cases, however, this antibody remains dormant. Once a patient has developed a reaction to egg white, the reaction can be very strong (even anaphylactic). Contact-allergic reactions are also common, including swollen lips/mucous membranes in the mouth and throat.

**Major symptoms include:**

- Allergic rhinitis
- Asthma
- Dermatitis
- Diarrhoea
- Gastrointestinal symptoms
- Vomiting
- Hives
- Wheezing,
- Nausea
- Anaphylaxis

**NOTE:** Many foods contain egg derivatives, which can sometimes be labelled as binder, emulsifier, and lecithin (sometimes made with egg yolk). Some vaccines are grown on eggs and an egg allergy can be an indication of a reaction to an early vaccination.

**SUGAR (SUCROSE/FRUCTOSE/GLUCOSE)**

Refined sugar (sucrose) is a disaccharide of D-glucose and D-fructose extracted from cane or sugar beet. During the nineteenth century it was seen as an expensive product imported from Asia. Now, due to the ever-increasing over-consumption, it poses a serious problem to our health. Most people will agree that sugar can be harmful if eaten in large quantities, particularly with its links to diabetes. Its role as an allergen, however, is still open to debate. Nevertheless, it does seem that some individuals (particularly children) do ‘react’ to sucrose. Others react to the glucose component of sucrose and since glucose is the end product of carbohydrate metabolism in the body, a reaction to glucose may be interpreted as an indicator of carbohydrate intolerance.

It is important to realize that whilst eating large quantities of refined sugar causes problems, problems can also occur with the ‘healthier’ sugar, fructose. This problem has increased with the over-consumption of fruit juice and the availability of fruits of all kinds. In North America the artificial sweetener, high fructose corn syrup (HFCS) is widely used. Some people will only react to fructose. This is because these people have replaced refined sugars and fizzy drinks with high-sugar fruits (including dried fruits) and fruit juice. They believe that in replacing the refined sugar with a natural one they are making healthy choices but sugar is sugar and too much in the diet can lead to health problems. Fruit juice can be particularly bad as one glass contains a great deal of sugar. Fructose is responsible for the creation of visceral fat (around the abdomen), which causes a number of health problems including insulin resistance.

**Major symptoms include:**

- Associated with behavioural problems, particularly hyperactivity, ADHD etc.
- Skin irritations, itchy skin which, when scratched, will lead to neurodermatitis.
- Fatigue
- Depression and muddled thinking

- Any inflammatory condition. Symptoms dependant on target organ. EG. Head: runny nose, itchy red eyes, nasal drip, sneezing etc.

## YEAST

Yeast allergies are often related to *Candida*, fungus and mould allergies and yeast should be suspected when patients have skin rashes and swelling (localized or general) and digestive problems either minor, or the more severe dysbiosis type problems.

Yeast can be broken down into two categories, bakers' yeast and brewers' yeast. Bakers' is used as an aid in the cooking of bread, buns, biscuits, and cakes etc. As well as being used in beer production, brewers yeast is also used in certain supplements. As with many food intolerances, some people go through life feeling the discomfort but not knowing the cause and yeast can be difficult to detect as it has similar symptoms to other foods such as wheat.

### Symptoms of a yeast allergy can include:

- Fatigue
- Constipation/diarrhoea
- Digestive problems including pain, bloating etc
- Depression
- Dizziness
- Fuzzy head, unable to think clearly
- Muscle and joint pain
- Skin rashes, hives etc

## SALICYLATE

***“The trouble with fruit and other natural foods is that they were not designed to be the perfect foods for humans. It is easy to forget that fruits are primarily the sexual organ of plants. All plants contain hundreds of natural chemicals, some of which can cause unfortunate reactions.” (Sue Dengate , p133)***

This statement is controversial because Linus Pauling maintained that we evolved as fruit eaters, which is why today we require supplementation of vitamin C for optimum health. Probably the truth is that as hunter gatherers we ate ripe foods in season and ate widely from the food chain and so avoided the overindulgence of a few favourite foods made possible by today's farming and distribution systems. This system has also led to many of our fruit and vegetables being sold and consumed before they are ripe, which means they have much higher salicylate content and so are more likely to cause problems than in past times. A salicylate heavy menu roughly equates with the Mediterranean diet of tomatoes, olives, zucchini, capsicum, etc. and traditionally, salicylate sensitivity is commonly associated with people from Southern Europe. As already stated, however, changes in the eating patterns in the colder European countries, means that this is becoming a more widespread problem.

Salicylates are chemicals found in plants, the best-known form of which is aspirin, originally from willow bark (botanical name *Salix*.) and problems with this food group are usually classed as a “pseudo-allergy”. This means it is a quantitative rather than qualitative phenomenon. Unlike the other forms of allergy, a reaction occurs only when a certain amount of the triggering

allergen is reached. The critical factors are the individuals' sensitivity and the total amount of the substance which is often supplied in different foods and in varying chemical composition.

So, for example, foods containing salicylate: Stone fruit, almonds, strawberries, raspberries, blackberries, blackcurrants, grapes, oranges, lemons, bananas, rhubarb, peas, vinegar, wine, beer, etc. can be tolerated until a certain quantity is consumed over a specific period of time. The amount needed to trigger the reaction varies from person to person, as does the period of time critical to the quantity consumed. The list of foods, most of which we could consider to essential in a healthy diet is extremely wide and people suffering from salicylate problems will be unable to completely eliminate them from their diet. In these cases it is recommended that the person should eat more widely from the groups of foods which have a low salicylate content, limiting themselves to only small quantities (eaten separately) of foods with the highest salicylate content. They should also avoid under-ripe fruit and vegetables.

**Symptoms attributable to a salicylate allergy may include:**

- Hyperactivity in children
- Painful joints
- Heartburn and Reflux
- Digestive problems, esp. pain
- Asthma
- Headaches
- Nausea
- Tinnitus
- Sinus problems and hay fever
- Skin irritations

It is clear from the symptoms and illnesses listed above that central allergens are a major problem. Therapists aim to reduce the "barrel's" load and central allergens should be considered as the most significant, long-standing, and causing the most damage. By eliminating these toxic allergens we are able to give our clients the most effective and long-term help in regaining and maintaining health and we can do it in the most efficient way.

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