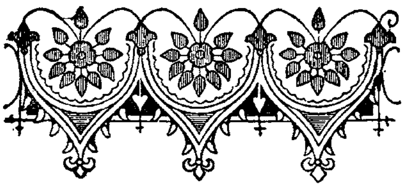

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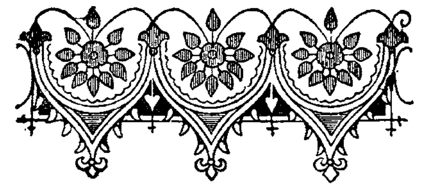

Food Allergies: A Potential Toxin on Your Table

Dr. Kate Thomsen and Silky

I am not paranoid and I am not an alarmist. People who have read my articles have accused me of both. I do lecture and write about toxicity a lot – the toxicity of the air, the water and the food. I write about the "new to nature" molecules of the chemical and pharmaceutical industry and how, with indiscriminate use, they can so insidiously challenge our health. But I don't wear a self-contained breathing apparatus every time I leave the house. I have to report on these phenomenon because they are what I am confronted with every day. In my work as a functional medicine doctor I see people whose health is failing despite their good, and even best, intentions. These people have subtle or not so subtle symptoms and know "something is just not right". They have been to the doctor and all of their tests have come out "normal". At this point they are told one of several things: a) you can't have these symptoms, it's impossible, b) it's all in your head, or c) I don't know what else I can do for you. At least the last response is honest.

In functional medicine, we are taught to look for the root cause of the problem or symptom in the interaction of the genetics, physiology, environment and lifestyle. When we discuss the history and time line of the condition over an hour, it generally becomes apparent to myself and the patient, where and how the imbalance first occurred and the probable root cause. Almost always there is an environmental exposure that has initiated or prolonged the symptoms. These patients are the proverbial "canaries in the coal mine". Their unique interplay of genetics, physiology, environment and lifestyle produces symptoms after environmental exposures that don't seem to affect most other people. Their particular constellation of symptoms (usually many from various systems) doesn't make sense based on what medicine has taught us. But that is not a limitation of the patient. That is a limitation of medicine. After all, at one time, every new way of looking at the world was heresy.

Dr. Ignaz Sammelweiss lost his position in the hospital in 1847 and eventually went insane from the intense criticism he received after proposing that doctors wash their hands between surgeries. Dr. Michael Holick was fired from his position as Professor of Dermatology at Boston University Medical Center for recommending people get sensible sun exposure to replenish their Vitamin D. Dr. Theron Randolph's research grants were cancelled and he was removed from his hospital position when he proposed that many mental, emotional and physical ailments could be caused by unsuspected environmental exposures such as common foods and "safe" chemicals.

Dr. Randolph was one of the pioneers in Clinical Ecology, a branch of doctors who, in the mid twentieth century, separated from the emerging and more orthodox field of Allergy and Immunology. At that time, the allergists were diagnosing and treating with skin tests based on the new knowledge in the scientific Immunology literature. Doctors in the Society for Clinical Ecology (which became the American Academy of Environmental Medicine in 1988) were more observant of their patients and their environments and were correlating cause and effect clinically. They were convinced that food allergy existed and continued to do observational research with their patients while the conventional allergists to this day deny the existence of food allergies.

Allergy is defined as a malfunction of the immune system. The immune system is designed to protect the body from life threatening foreigners (like infectious bacteria). With allergy there is an excess response to a harmless exposure. In the case of dust or pollen, the immune system is wasting energy in "over - protecting" us from something mostly harmless. Allergies are thought to be predetermined in an individual through genetics or through early environmental exposures.

There are 4 different ways the allergic response can happen. Type I is the common pollen allergy reaction. Simply put: if you are allergic to pollen you will sneeze when you go outside in the pollen season. The reaction happens quickly and it is fixed – it happens every time you are exposed to that pollen. Most Type I reactions are Inhalant allergies to mold, pollen, dust and animal dander. Type I Food allergies are found in 1 – 2 % of adults and 3% of children. Because of their immediate onset of action, the results of a Type I Food Allergy reaction can be severe including anaphylaxis and death (eg, peanut allergy). In these cases, the offending foods must be strictly eliminated from the diet forever.

Food allergies have been defined as abnormal reactions to foods, observed in 1 person, but not seen in the general population. Overall, 33% of adults and 8% of children have adverse reactions to foods. Most Food Allergy reactions are Types II, III, and IV. Unlike pollen allergy, these reactions are cyclic; they are dose and frequency dependent. This means that eating more of the offending food or eating it more often, increases one's sensitivity to it. Conventional allergists deny that these Food Allergies exist as there are no consistently accurate lab tests for confirmation or reliability. Evaluating for Food Allergies is complicated by dietary variations in: dose of food, frequency of eating the food, processing of food, digestive function, cross reactivity between foods, cross reactivity between foods and inhalants, food additives, and xenobiotics (invisible "chemicals" on the food). All this variability makes it hard for people to see a direct connection between food choices and symptoms. In addition, people will eat the foods they are allergic to on a regular basis because they unconsciously have recognized that it decreases flare-ups of symptoms. Frequent dosing of an offending food quiets the immune response – a phenomenon called "masking". But people frequently eating foods they are sensitized to still don't feel well overall. They have acclimated to the low grade inflammation in their bodies and usually blame some other factor for their chronic symptoms of headache, joint pain, rashes, brain fog, etc. Infrequent dosing of an offending food allows for initial withdrawal and then a more robust immune response when the food is ingested again (a flare-up). Many people eat the same 6 or 8 foods over and over again and have come to think of them as "comfort" foods because eating them often suppresses the more severe symptoms (flare-ups) they get when eating them more sporadically. In essence, they are addicted to the offending foods.

The basic way of testing for these types of food allergies is to keep a 2 week food diary and scrutinize it for the most often repeated foods including the additives and other chemicals. Just switching to organic foods can solve many complaints if one is allergic to certain xenobiotics. Eliminate one of the frequently eaten foods for at least 4 – 5 days (it takes that long to get it completely out of the body) and then reintroduce it in several doses on the 6th day. Observe to see if ingesting this food produces the allergic response symptoms. Once the offending foods are found, they are eliminated from the diet for 2 – 3 months to allow the immune system to desensitize to them. When the food is reintroduced, dosing should be only once or twice per week to avoid re-sensitization.

In conventional medicine we are taught that the more symptoms a patient has, the more likely they are a hypochondriac. Dr. Randolph observed that the more symptoms a patient has, the more likely they are suffering from environmentally induced disease. Precisely. And we need to learn from them.

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