

Frequently Asked Questions (FAQ) on Allergy

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Waiver/Disclaimer: This document is not intended to provide you with any medical advice. You should receive medical advice from a properly licensed medical professional. This FAQ is a research based document and is designed to help you to ask better questions and get better medical assistance from your medical doctor. Allergies can be life threatening and should be taken very seriously. If you suffer from certain types of allergy you should be under the care of a medical doctor (M.D. or D.O.) and carry an Epi-Pen® as certain types of allergies can be life threatening and deadly.

What is an allergy?

Dr. Clemens Von Pirquet first suggested the term allergy¹ in 1906. Dr. Von Pirquet used the word allergy to describe *an inappropriate reaction to food or other substances that are not typically harmful or bothersome*. Hippocrates, the Greek Physician, who is considered to be the Father of Medicine, stated that food would injure some people, but not all people. Please see my brief paper on the History of Food Allergies for a delightful look at food allergies over time.

What are the different types of allergies?

Prior to the 1970's, allergies were described as belonging to one of four types of allergies: Type I, Type II, Type III and Type IV. The discovery of Immunoglobulin E (IgE) around 1966 changed how allergies were categorized. The term IgE stands for Immunoglobulin E, which is a class of immunoglobulins that includes the antibodies elicited by an allergic substance (allergen). A person who has an allergy usually has elevated blood levels of IgE. IgE antibodies attack and engage the invading army of allergens. The E in IgE stands for erythema, which means redness.

Currently allergies are divided into two broad categories: IgE (Immunoglobulin E) and non-IgE mediated. IgE mediated allergies are the allergies that produce a symptom immediately or within a short period of time at the longest a few hours. IgE mediated allergies can cause anaphylactic shock, which can be fatal and therefore must be dealt with in a serious fashion. Non-IgE mediated allergies are often referred to as delayed allergies or sensitivities or intolerances. Non-IgE mediated allergies are typically not life-threatening, although they can cause severe symptoms in some people.

Life threatening allergies are very serious business. Individuals with IgE mediated (life threatening) allergies are well advised to carry an Epi-Pen®, a prescription device designed to inject epinephrine into the skin, at all times. Great care and diligence must be used if IgE allergies are present in both children and adults.

It has been well established that immediate reaction or IgE allergies represent about 5-10% of food allergies. The delayed reaction or IgG food allergies however account for about 90-95% of the food allergies. While delayed reaction or IgG food allergies make up the lion's share of food allergies, they receive a minority of the attention in medicine and from the media.

What are the symptoms that allergies cause?

The list of symptoms that allergies can cause is lengthy. The symptoms for allergies include but are not limited to: runny nose, stuffy nose, watery eyes, itchy eyes, hay fever, asthma, diarrhea, constipation,

¹ Von Pirquet, C. Allergie. *Munch Med Wochenschr* 52:1457, 1906.

eczema, rashes, coughing, wheezing, fever, postnasal drip, sore throat, dark circles under the eyes, reddish or pink circles under the eyes, stomach problems, headache, migraine, hyperactivity, mood swings, irritability, bed-wetting, urinary incontinence, epilepsy, depression, inflammatory bowel disease, hyperactivity, inability to concentrate, hypertension, nervousness, joint and muscle pain, and other gastrointestinal disturbances. Immediate reaction (IgE) allergies can cause anaphylaxis which can be life-threatening and fatal if not treated properly.

How do I get tested for allergies?

Methods of testing for allergies are subject to a wide variety of medical opinions depending upon who you are speaking to and their medical background. IgE allergies (immediate and potentially life-threatening) can be tested by blood tests, which are safe, accurate, reliable and easy to interpret. Skin testing is often recommended and is done by an allergist. Non-IgE mediated allergies, the delayed allergies, intolerances or sensitivities, are often more difficult to pinpoint. Blood testing for non-IgE mediated allergies does not correlate as directly as IgE mediated, and therefore results are a guide or a reference point.

How does celiac disease relate to allergies?

Celiac disease is an autoimmune disease in which specific gluten containing foods destroy the villi in the body's intestine. Individuals with celiac disease cannot eat foods containing wheat, oats, barley, rye, spelt and other gluten containing grains. While celiac disease is not a food allergy, it is often described as a food allergy to wheat since it is easier for some people to understand. Many people with celiac disease also have other food allergies the most common ones being milk or lactose, soy and canola oil. If you suspect that you have a food allergy to wheat, you should talk to your physician about getting tested for celiac disease.

How do I get tested for celiac disease?

The initial screening for celiac disease is a simple blood draw. If your blood tests come back positive for celiac disease an endoscopic procedure is typically recommended to confirm the blood test results. The University of Chicago, The University of Maryland, and Columbia University in New York all have celiac disease centers and specialize in celiac disease. You can contact them for more information, or look up Celiac Disease on the Internet, which contains a great deal of information about celiac disease. The FDA has approved a blood test to replace the endoscopic procedure or biopsy or for people unwilling to go through the biopsy procedure or who lack medical insurance to cover such costs.

Is there a treatment for Food Allergies?

The answer to this question depends completely on who is answering the question. I read at my local medical library about a Dr. Alfred Schofield, a physician in England in 1908, who successfully treated a boy suffering from an egg allergy.² Dr. Keston, Dr. Walters and Dr. Hopkins confirmed this egg desensitization.³ If we go back to the fact that the term allergy was defined, up until the 1970's so far as I can tell, as *an inappropriate reaction to food or other substances that are not typically harmful or bothersome*, which makes me hypothesize that the treatments mentioned in the medical literature were for what we would call a delayed food allergy, sensitivity or intolerance.

Treatment for IgE mediated food allergies is currently not practiced in the U.S. although experiments have been under way for the last few years. Treating IgE food allergies is dangerous and could result in

² Schofield, Alfred T. *A Case of Egg Poisoning*. London: *Lancet*, 1908, p. 716.

³ Keston, B, Walters, I & H, Gardner, J. Oral Desensitization to Common Foods. *J Allergy* 6:431, 1935.

death. There are a variety of ways that people have treated non-IgE mediated food allergies from homeopathy to sublingual drops, to kinesiology (muscle testing). Mainstream allergists do not currently treat non-IgE mediated (delayed) allergies and refer to any such treatments as “controversial”.

I have been told to eliminate the foods that I am allergic to from my diet. Is that enough?

Typically that is not enough to avoid developing additional food allergies based on medical research that has existed for over 100 plus years. You can read the Brief History of Food Allergies paper on my website (www.TheSuperAllergyCookbook.com) to understand more about allergies. If you are allergic to milk and dairy products, one of the largest sources for calcium, then where will you be getting calcium in large enough quantities to replace the milk you are not drinking? If you are only allergic to one food, that may be enough. However, many people are allergic to more than one food, so the issue is much larger. I would certainly recommend getting advice from a medical professional on diet and nutrition if you have to eliminate multiple foods.

Why is the elimination diet not sufficient for some people?

Research indicates that people with food allergies have a tendency or propensity to develop additional food allergies if they eat too much of a food or eat a food too frequently. Typically people on a restricted diet (elimination diet) have eliminated foods that are critical for the operation of their body, which results in nutritional deficiencies, which are known to cause other health problems. For that reason, a combination of a rotation diet or rotary diet and nutritional supplements are usually what is recommended to avoid developing new food allergies.

When you think about it, in the *olden days* all people were on a rotation diet. Your Grandmother cooked a pot roast one day, Fish on Friday, and she prepared chicken, pork and other foods on different days. Some old fashioned restaurants still carry on this tradition. One hundred years ago, people were also on what is known as a “seasonal rotation” diet because we simply did not have mass transportation for food at that time. People in the northern part of the U.S. were not eating fresh strawberries and blueberries in the dead of winter: they were eating beets, carrots, turnips, squash and other root plants from their root cellars. It was a rotation based on what was available.

What is the Rotation or Rotary Diet?

The rotation or rotary diet is based on the medical research that indicates if you eat a lot of specific foods OR eat those foods in smaller amounts but frequently you will increase your likelihood of becoming allergic to those foods. The rotation and/or rotary diet is a scheduled plan where you do not eat the same foods too frequently. Rotation diet and rotary diet plans vary greatly and are explained in greater detail in my cookbook “*The Super Allergy Girl™ Allergy & Celiac Cookbook – From A Mother Who Knows™*” and in “*Is this Your Child*” by Doris Rapp, M.D.

I have an infant/young child with multiple food allergies. What do I need to be aware of?

One of the most important components is that you have a physician, either M.D. or D.O. who is very knowledgeable about nutrition so that your child is getting the proper nutrients especially if your child is on a limited or restricted diet. A child’s brain grows significantly in the first three years of life, and it is a well-established fact that proper nutrition is critical during these years. If your physician cannot provide you with the critical nutritional guidance, then get a referral to see a physician who can help your child. Amino acids are the building blocks for the nearly 40,000 different proteins in the body. A diet deficient in amino acids can lead to serious health concerns including cancer, as can other nutritional deficiencies. There are blood tests available, which can establish if your infant or child has the proper levels of amino acids, essential fatty acids, and other vitamins and nutrients. Unfortunately, most people with food

allergies do not get this blood work to look for underlying problems in the immune system. Get educated on celiac disease and rule that out.

I had allergy testing and was told that I do not have any “true” food allergies, but I am still experiencing food related problems. What do I do now?

First of all, the word “true” is not a medical term. It has never been, and I doubt that it will ever become a medical term. Were you tested for IgE and IgG food allergies? It is highly likely that you were only tested for IgE food allergies. The delayed food allergies (IgG) can cause major physical symptoms like diarrhea, constipation, eczema, headaches, stomach pains, vomiting, acid reflux, inattention, hyperactivity depression, and fatigue to name just a few of the symptoms. You can either do an elimination diet to try to determine for yourself which foods are the problem, or get FDA approved IgG and IgE blood work done by your physician. Make sure that you were tested for IgE **and** IgG mediated allergies.

What role does nutrition play in allergies?

Allergies are the improper functioning of the immune system. Medical research has a long-standing history of documenting the positive effects of proper nutrition on the immune system. Therefore, nutrition plays an important part in allergies of any type. Many consumers do not consume enough minerals, amino acids, essential fatty acids, vitamins, minerals and micronutrients to provide their bodies with the cell-building blocks to function properly.

I have had IgE and IgG allergy blood work done on my child and it shows no IgE allergies, but a lot of IgG allergies. What do I do now?

Is your child having any health, mental, behavioral or health issues? You could try an elimination diet and see how you do with that. Or you could consult with a physician who has expertise and training in IgG or delayed allergies. The 3 groups of allergists from the above list who test and treat for IgG mediated allergies are: The American Academy of Environmental Medicine (AAEM), the American Academy of Otolaryngic Allergists (AAOA), and the Pan American Allergist Society (PAAS). A physician from one of these three groups would be able to offer you medical advice on what your options are relative to your child.

What role does the environment play in allergies?

According to the National Institutes of Health, environmental factors have a great deal to do with allergies. Check out the National Institutes of Health website for specific studies of how controlling environmental allergens can reduce asthma-related illness in children. Dr. Daniel Rotrosen, M.D., Director of NIAID’s Division of Allergy, Immunology and Transplantation indicates that “By taking a multifaceted, home-based approach, this new study demonstrates the promising results families can achieve when they incorporate the recommended practices of allergen reduction into their everyday lives.” Additional information on the role of environmental factors can be found on the National Institute of Allergy and Infectious Diseases (NIAID) and the National Institute of Environmental Health Sciences (NIEHS) websites. Both the NIAID and NIEHS are part of the NIH.

To gain a better understanding of the role that environment plays in allergies and health, I recommend a national best seller by Dr. Doris Rapp, M.D. titled “Is This Your Child?”. Dr. Rapp is board certified in three medical specialties and has been a physician for over 50 years. “Is This Your Child?” is carried by many libraries across the country making it readily accessible. You may also visit Dr. Rapp’s website at: www.DrRapp.com for more information from an internationally recognized physician.

I have been tested and treated for multiple allergies, but I have an ongoing problem with acid reflux. What can I do?

Historically, acid reflux has been associated with undiagnosed food allergies and undiagnosed celiac disease. I would recommend that you rule out celiac disease. If you were treated for multiple allergies, were you treated for any food allergies? Many patients receiving allergy testing and treatment (shots) are under the false impression that they are being treated for their food allergies. Since the long-term use of acid reflux medications can lead to cancer, it would be prudent for you to see if you can resolve your acid reflux by other means. You can first try doing an elimination diet to determine what foods are a problem. The typically is extremely difficult and time and labor intensive. You could also discuss getting IgE and IgG blood work done to see what that shows.

What does the term TOTAL LOAD mean?

While the term TOTAL LOAD may be unfamiliar to you, you are actually more acquainted with the concept than you realize. Think of your car for a moment. If you do not have a “towing package” on your car, and you tow another vehicle, boat, or other item, you may have in fact **voided your cars warranty**. Your car is designed to carry only so much weight in the vehicle. Towing additional weight puts your engine, transmission and other components at a much greater stress level than your car was originally designed to withstand. Now think of the World Trade Towers that collapsed on 9/11/01. The towers were designed to withstand gusting winds of over 100 miles per hour, and other various elemental impacts. Had the airplanes gas tanks not been filled to capacity, the World Trade Towers may not have collapsed because it is estimated that it was the resulting fire, fueled by the excessive amount of gas in the airplane, that caused the building to collapse. Total load is the maximum amount of external stress, pressure, or force that a building, structure or object can withstand without collapsing. This TOTAL LOAD concept applies to every fixed object like your house, your desk, your chair, and to every living organism, in particular it applies to the human body.

Can you explain the concept of TOTAL LOAD as it relates to human beings?

Factors that are often considered in the total load include exposure to pollution, exposure to chemicals, pesticide exposure, poor diet, extreme stress, untreated or undiagnosed illnesses, and undiagnosed allergies of any type. We live in a time where we as human beings are exposed to chemicals that we do not even know are present. If you are not aware of the chemicals we are being exposed to, I would highly recommend watching Ken Cook’s video called “10 Americans”. You can watch this important and educational video on the Environmental Working Group’s website at www.ewg.org

Most consumers do not realize that the furniture that they purchase has been treated with chemicals so that the bugs and rodents do not chew it up while it is in the warehouse. Many consumers do not realize that foods that they routinely consume contain harmful chemicals, preservatives, and additives that other countries have long since banned from their country’s food supply. Poor nutrition makes many human beings more susceptible to and “overflow” or “overload”, and is therefore one of the best offensive moves you can take to improve your health. Sometimes two or more factors happening at the same time cause the body to exceed its total load.

What can you tell me about the relationship between allergies and autism and ADD/ADHD, PDD?

If you look at the long-standing medical research done by the top physicians in their field, there is a direct relationship between food allergies and the brains ability to function, hyperactivity, inability to concentrate, behavior, and mood swings. I have been involved locally with parents of autistic children and I have seen first-hand how the gluten-free/casein-free diet can help autistic children in the most

definite and dramatic ways. Some children however have more food issues than gluten and casein. I personally know of one child whose diagnosis was PDD (Persuasive Developmental Disorder/Delay) who had very little speech ability, did not play with his peers, and had extremely low cognitive abilities. After 9 or so months of allergy testing and treatment from a Board Certified Environmental Medicine Physician, this child can now talk, interacts with his peers about 85-90% of the time, can write his name, knows how to count, and is affectionate and communicative like any other normal child. This child is attending kindergarten this year without an AIDE because he is so improved. So, in my opinion, there is plenty of hard science to cement the relationship between allergies and autism spectrum disorders.

I have had my child tested and treated for allergies for the past 7-8 years, but things seem to have gotten worse instead of better. What should I do?

If you are only being treated for IgE mediated allergies, and have not discovered any IgG or delayed allergies AND you are not rotating your diet AND supplementing with the proper nutritional supplements, it would be no surprise that your child has experienced a decline in health. Read over the questions in this Allergy FAQ to see what you have been missing, and where to seek help.

I recently switched from one in-network allergist to another in-network allergist and the new allergist says that I have to be tested all over again. Why is this? Is this standard?

This is an excellent question, which anyone who has ever switched allergists has encountered. This is a significant point, which underscores the state of allergy practices in the U.S. and in the World. The reason that your new allergist requires that you be tested all over again is because *there is no standardization in allergy practices in the U.S. whatsoever*. What this means is that each allergist uses different allergy extracts, extract dilutions, pricking or testing devices and even reads the results differently. That is a pretty scary thought when you really sit down and process what has just been stated.

Some time ago, I was privileged to hear the highly credentialed, highly acclaimed Dr. Hugh Sampson, M.D. make an allergy presentation. One of Dr. Sampson's slides was of several different testing/pricking devices. Dr. Sampson discussed that there is currently no standardization in allergy in the U.S. So from the top down there is general acceptance and agreement that allergy testing and treatment varies from allergist to allergist.

What is your background in allergies or medicine?

I have over 30 years of personal experience with food and environmental allergies. I was successfully treated for my environmental allergies such that I do not take any seasonal prescription or Over-the-counter allergy medications at all. In addition, I have raised three food allergy babies, the oldest of whom is twelve, which caused me to learn the hardest and most difficult lessons in the field of allergy. I have written a 43-page medical thesis paper on the treatment of IgG mediated allergies, which contains 104 medical footnotes in those mere 43 pages. I have worked to support the Western New York Gluten Free Diet Support Group (WNYGFDSG) for several years and the GFCF Diet Support Group (a.k.a. The Special Diet Kids Group) for almost as long. I have helped celiacs and allergy patients with special needs cooking in New York and parts of Pennsylvania. I have been teaching gluten free/casein free/allergy free baking classes locally for more than four years. I have also helped to train local restaurant chefs/owners in gluten free baking, and have even helped a New York City Bakery with special allergy tips and recipes. **And I am the author of The Super Allergy Girl™ Allergy & Celiac Cookbook – From A Mother Who Knows™.**