

Allergy

A to Z

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Energy Mismatch

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This book is dedicated
to all those individuals
who have made
the world wide web possible

Without you
this would have been
a much more difficult book
to research and write

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Introduction

I first became involved in allergy testing in the early 1980's because of my eldest son, who was then eighteen months old. He had eczema, diarrhoea and was hyperactive. I started reading and became convinced he was allergic to something, but what? The main method of detection suggested in books was fasting for five days and then introducing one food a day to see what happened. This would have been a tough regime for an adult to follow, but it was impossible and highly dangerous for a small child.

Fortunately I came across Touch For Health (TFH), a type of kinesiology for the lay person. This offered muscle testing as an alternative way of testing for food allergies. The system was very simple: food was placed in the mouth or on the body and then muscle response was tested. Through this I found that Jonathan was allergic to wheat and several artificial food colourings. I excluded these from his diet, and his health and behaviour improved dramatically. At the time I was a University lecturer feeling vaguely dissatisfied with work. I was so impressed with Jon's progress that I decided to learn TFH myself. For a while I saw some clients and carried on doing some lecturing. Gradually, as I started to have lots of success testing people for food allergies, I got busier and busier with the allergy testing. I became more and more confident of my ability to help people with a wide range of problems, and eventually decided to stop teaching in order to concentrate solely on this satisfying new career.

Then my second son, Thomas, was born. He had severe asthma. When Tom was six months old, a hospital specialist told me he would have liked to prescribe Tom an inhaler, but that he was too young to use it. He painted a future life dependent on drugs, but I was determined that this would not happen. I had tested Tom extensively for foods and found several foods that he was allergic to. Excluding these from his diet did not improve his asthma, but if I fed them to

him after a break without them, he would wheeze as I fed him. (People often react more obviously to an allergen if they have not encountered it for some time.) So I knew what I had found was correct, but even when I excluded the problem foods, he still coughed and produced thick yellow mucus from his nose. People in the street would often turn in surprise when they heard this small baby coughing like an old man with a fifty-a-day smoking habit. I was extremely frustrated – I was helping many of my clients to get well and stay well, but I could not help my own small son. I would lie awake at night listening to him coughing and wheezing in his sleep, and I became more and more obsessed with finding an answer.

Once again I started reading extensively and observing him closely. I became convinced he was allergic to airborne substances. I started to test these sorts of things and found he was severely allergic to moulds and cigarette smoke, and had lesser reactions to other inhaled substances. It was possible to avoid food and keep him away from people who smoked, but mould was a completely different problem. I had found the problem, but I did not have a solution.

Shortly after this I came across intra-dermal testing and desensitisation, and I took Tom to a clinic that used this process. This used dilutions of substances injected under the skin. Tom's health improved rapidly, as it meant we were turning off allergic reactions to those things that it was difficult to avoid. This was a costly, painful and slow process, but I was happy to have something that would help him.

Some time later I went on a course taught by Don Harrison of Ffynnonwen Natural Therapy Centre, and I learnt about homeopathic desensitising drops. This worked really well, and Tom became very healthy. I also used it with the thousands of people who came to see me for allergy testing: I used muscle testing to establish the allergy, and then homeopathic desensitisation to turn off the reaction.

In 1987 I went on a health kinesiology course and learnt another way of stopping allergic reactions that could be done simply and easily during the session. By now Tom and Jon were so well that they rarely needed help in this way, but I used the procedures taught in health kinesiology with my clients and saw many amazing results.

Over the years I have tested many people with a wide range of health problems, and found that sorting out allergies/intolerances can make a dramatic and sustained difference to many people's health.

This book contains the knowledge I have gained from allergy testing literally thousands of people, and also a lot of detailed research I have done specifically with this project in mind.

In researching this book I became even more aware of the mass experiment that we are conducting with our health. So many chemicals that are not present in nature are put into our food, our personal care products, our cosmetics, our homes, and the air we breathe. It is easy to blame 'them' for this – the big corporations, but we all have a responsibility. As long as we demand food that is available all year round, that is cheap and convenient, as long as we seek 'new' products without looking at the impact of them on our environment this experiment will continue. This book is not about the danger of these chemicals, rather it focuses on the potential for allergy, but I am certain that as long as we (the public) buy products that can only be produced using so many chemicals, allergy problems will continue to increase.

Most of this book is suitable for both the general reader, and for people with a professional interest in allergies. Appendix 4 deals with issues of specific concern for therapists.

Where words and phrases are in *italics* this indicates that there is a specific entry for that item elsewhere in the book.

What Is Allergy?

The word 'allergy' was first coined by an Austrian paediatrician, Baron Clemens von Pirquet, in 1906 from the Greek 'allos' meaning altered or changed and 'ergon' meaning reaction. So the word 'allergy' literally means 'altered reaction'. He noticed that patients who had received injections of horse serum or smallpox vaccine usually had quicker, more severe reactions to second injections. He used the word allergy to describe the reactions – an altered reaction to something in the environment.

There are still some medical practitioners, usually called clinical ecologists, who use this definition, but in the 1920's the definition of allergy was narrowed or, depending on your point of view, made more rigorous, in mainstream medicine. An emphasis was put on immune system involvement, and reactions where the immune system could not be shown to be involved were excluded. The British Medical Association's 'Complete Family Health Encyclopedia' defines 'allergy' as:

A collection of conditions caused by inappropriate or exaggerated reaction of the immune system to a variety of substances.

So, allergens are substances that produce a reaction in susceptible individuals, whereas the vast majority of people do not respond in this way. Also, (and critically in this narrowed definition), in allergic reactions the over-reaction of the immune system leads to tissue damage and impaired function rather than immunity.

In the 1960's this definition was refined again to specify the part of the immune system that is involved: immunoglobulin E (IgE). In order to establish if someone has an allergic reaction to a substance

(according to this definition) antibodies are looked for in the blood. White blood cells produce IgE antibodies which bind to foreign substances in the body – in this case an allergen. The IgE with its attached allergen then binds to specialised white blood cells (mast cells and basophils), and this causes the release of histamine. Histamine narrows bronchi in lungs, increases permeability of blood vessels, lowers blood pressure, causes itching and stimulates production of acid in the stomach – all typical symptoms of certain types of allergic reaction.

At one time, if an immune system involvement could not be shown, the ‘allergic’ reaction was often ignored or discounted as insignificant by the medical profession, in spite of the distress to the sufferer. Now, however, many medical practitioners distinguish between allergy and sensitivity. In the case of sensitivity the reaction is not believed to be mediated by the immune system, and symptoms often do not appear immediately on exposure, or may be intermittent even with constant exposure.

A more holistic definition of allergy recognises allergy as leading to a disturbance of the body’s natural flow and balance of meridian energy even from exposure to a small amount of a substance. In my practice I use the Health Kinesiology definition produced by Jimmy Scott Ph.D. He defines allergy as:

... any energy disturbance in response to exposure to a substance. The substance could be a food, cosmetic, chemical, animal hair, pollen, mold, etc... With allergy the energy system reacts to **any** amount of the substance.

Another word you will hear is ‘intolerance’. This is sometimes used interchangeably with sensitivity, but sometimes it has a different meaning. In my practice I use intolerance to mean that the person has a problem with the quantity of the substance they encounter. In this definition the person only has a reaction when they exceed their tolerance level for that substance.

We probably all have tolerance levels for everything we are in contact with, but if your tolerance level for oranges, say, is twenty oranges a day, you would probably be unaware that you had a limited tolerance. However, if your tolerance for oranges is one small orange a day, every time you have a large orange you would have some sort of symptom. Also if you have orange marmalade for breakfast, and then a small orange during the morning you would still have a problem.

You can see that the terms ‘allergy’, ‘tolerance’ and ‘sensitivity’ are far from clear, and are used by different groups of people to mean different things. It is important that you are clear what meaning(s) you and anyone you are talking to are using.

In her excellent book ‘The Allergy Bible’ Linda Gamblin gives this advice to patients who want to communicate well with their medical practitioners:

The important thing is to get along well and communicate clearly with doctors ...Just describing how you react – the actual symptoms – is usually the best approach....
‘sensitive’ is usually a much more diplomatic choice than ‘allergic’.



Whatever the definitions, many people know that they are worse if they come into contact with specific substances. It is easy to dismiss this view as neurotic and ‘all in the mind’, if you have not experienced at first hand the effect of these reactions.

Why Do People Become Allergic, And Why Are Allergies On The Increase?

It is often unclear why a person has a tendency to be allergic or intolerant to a range of substances. Medical practitioners talk about 'atopic individuals' - atopic means 'out of place'. To the unknowing this sounds like a medical diagnosis, but in fact all it means is: You have a tendency to have allergies; you may have several different symptoms caused by your allergic reactions; this often runs in families; we don't know why. Describing someone as an atopic individual is not saying anything the person does not already know about themselves!

Genetic Predisposition

Allergy problems undoubtedly do run in families, so there may be a genetic component, although the exact mechanism is not clearly understood. Some small genetic mutation can cause the immune system to be triggered more easily, so that family members sharing this mutation will all have a tendency to allergic reactions, although not necessarily to the same substances.

Severe Virus Infections

A severe virus infection can lead to damage to the immune system, so that the individual is more likely to develop allergies in the future.

Parasites

One allergy theory now being proposed is that the lack of the proper enemies (liver fluke, tapeworms, etc.) has led to an idle immune system finding inappropriate work in allergic reactions. There are many antibodies produced in the body to protect it against invasion by harmful organisms. IgE antibodies deal effectively and quickly with the extreme danger of infection by large parasites, such as

tapeworms. Parasites' effect on health can be devastating, so over the years individuals with efficient IgE mechanisms have lived to reproduce and pass on their genes at a greater rate than people with a less efficient IgE mechanism. The IgE antibodies are also involved in allergic and hypersensitivity reactions, so people with these inherited efficient IgE mechanisms are more likely to suffer allergy problems than people who have inherited a less efficient system. This super-charged immune system was a plus for an asthma sufferer's distant ancestors inhabiting a world with many life-threatening parasites, but now leads to a 'trigger-happy' immune system firing off inappropriately.

Other practitioners (notably Hulda Clark in 'Cure For All Diseases') take the opposite view, and see many allergy symptoms as being a reaction to an infestation of parasites.

Excessive Cleanliness

The obsession with the danger of 'germs' is thought to have led to an increase in allergies. Much of this obsession with cleanliness seems to be driven by the media and advertising. Headlines about 'killer bugs', and advertisements that claim a product kills even more germs have led many people to buy more and more products to wipe out these dangerous enemies. A view now gaining ground among many researchers and some doctors is that a certain level of dirt is good for us, particularly during infancy and early childhood when the immune system is maturing.

T-helper cells in the immune system recognise foreign antigens and then secrete substances to activate other cells to fight the invader. In pregnancy the T-helper cells that attack invaders directly without producing antibodies (Th1 cells) are less active, as these could lead the mother's system to reject the foetus. This means that the T-helper cells that are responsible for antibody reactions (Th2 cells) are more prominent. These are the ones that are involved in allergic reactions. The new baby's immune system has the same emphasis as the mother's had during pregnancy. It is believed that the exposure

of the very young to some level of 'dirt' is beneficial in that it helps to rebalance the immune system to emphasise the T-helper cells that are not involved in the allergy process.

In an excellent article ('New Scientist' July 18th 1998) Garry Hamilton talks about 'the gentler side of germs'. If the young are not exposed to 'dirt', the immune system does not go through this rebalancing process, and a tendency to allergy can result. Linda Gamblin in 'The Allergy Bible' cites several medical research projects, which support the idea of allowing children to be exposed to dirt and minor infections to help protect against allergies.

Vaccination

Our children are now being vaccinated against a bigger and bigger range of diseases. While some of these are serious, many are mild illnesses that were once considered part of a normal childhood. Many alternative practitioners consider that these childhood illnesses help to prime the immune system so that it is better able to cope with a whole range of illnesses later in life. This view is not accepted by most of the medical profession, and indeed it would be difficult to prove. However, there is some evidence that vaccination alters the ratio of T-helper cells and T-suppressor cells. This would be likely to have an effect on the vaccinated child's susceptibility to allergy reactions. It is also known that most vaccines stimulate the branch of the immune system that is concerned with the more extreme immune reactions to invaders such as parasites ('New Scientist' July 18th 1998).

Ubiquitous Presence Of Some Foods

Before the advent of freezers and airfreight most people ate local foods in season. Now most fruit and vegetables are available all year round, so that our systems are exposed to the same foods continually without respite.

There has been a dramatic increase in people experiencing *soya* allergy, since soya has become a common ingredient in many processed foods. In Europe and North America rice allergy is relatively uncommon, whereas in Asia where it is consumed more frequently it is much more common.

Technological Developments

Developments that make modern life more comfortable have also led to an increase in allergies. With the advent of air conditioning, central heating and wall-to-wall carpeting house dust mites and moulds such as *alternaria* have an ideal environment in which to thrive. Modern offices with sealed windows mean that everyone is exposed to the perfumes worn by other people. The increasing use of plastics, formaldehyde, benzene etc. have led to all of us being exposed to an amazing variety of chemicals.

Contamination By Environmental Pollutants

The chemicals in diesel fumes are known to damage the outer membranes of pollens. This means that when the pollen is breathed in, the pollen proteins are immediately in much closer contact with the delicate membranes in the mouth, nose and lungs than they would be if the pollen had not been damaged in this way.

It has now also been suggested that the immune system is reacting to some harmless substances because they have been contaminated by environmental pollution: the immune system does not recognise the food, for example, if it has molecules from tyre rubber attached to it. These molecules sometimes appear similar to enzymes produced by parasites and so the immune system attacks the 'parasite'.

Although more and more evidence is accumulating for a role for environmental pollutants, this does not explain why New Zealand, which is relatively unpolluted, has one of the highest incidences of asthma in the world.

Electro-Magnetic Pollution

An increase in electro-magnetic pollution has run parallel with the increase in allergies. The scientific jury is still out on the danger of mobile phones, power lines, etc., but many people are becoming more concerned about our constant exposure. See my book 'Geopathic Stress' for more information on this. People who are sensitive to computers, etc. often also show many symptoms typical of allergic individuals. In some cases correcting this sensitivity to electro-magnetic sources, results in all or most of the adverse reactions disappearing. (I recommend health kinesiology for this – see page 51.)

Stress

The pace of life is quickening all the time: modern technology gives us more possibilities and many of us want to experience as many of these as we can. A survey ('Daily Telegraph' December 9th 1999) found that half of the 950 young people in their 20's interviewed said that they would feel a failure if they did not own a home by 26, were not married by 27 and not both rich and parents by 29. Many of the interviewees said they were prepared to sacrifice a healthy diet and way of life to achieve this. These expectations and pressures are not conducive to long-term health and can also lead to stress and allergies. Pre-packaged, processed foods eaten in front of the television, too much alcohol, too little fresh air and exercise all take their toll.

Sometimes particular traumatic events can explain a particular allergy. One of my clients was allergic to wool and tea. She told me that when she was a small child she had pulled a cup of hot tea on to herself. At the time she was wearing a wool sweater, and the tea soaked into the sweater and burnt her very badly.

Diet

It is now well known that bottle-fed babies are more likely to be prone to allergy problems than breast-fed ones. Sudden or early weaning can contribute to the problem too.

Sadly the modern diet may be abundant in calories, but there is more and more evidence that it is low in some important nutrients. People are eating more pre-processed foods, which may be nutritionally compromised.

Soil is becoming depleted of some minerals, because they have long been taken up by plants grown in the soil. If the mineral is not in the soil, it cannot be in the plant, and so it is not available in the foods we eat either.



It is unlikely that there is one simple answer as to why people are allergic, intolerant or sensitive in general or to particular substances. Research is still being carried out in this fascinating area. Fortunately with the tools that are available it is not necessary to know why someone has allergy problems in order to be able to detect and correct them.

Allergy Equals Addiction

Craving particular foods can be a sign of a need for a nutrient that is in the food that is craved. The body is demanding food that contains a particular nutrient. This can be very straight-forward. For example, I spent three months in Sri Lanka, and my diet was very short of zinc. The moment I walked back into my house I reached for the jar of sunflower seeds (an excellent source of zinc) and started stuffing them down myself. Over the next few days I ate a huge amount of sunflower seeds. Initially I really craved them, but after a few days the obsession disappeared. It was only with hindsight that I realised why I had done that.

When petrol contained lead, I had several clients who ate a lot of apples, but testing using kinesiology showed they were not allergic to them. It took me a while to realise why. Most of them were allergic to petrol, which probably meant they were less able to deal with the lead in it than someone who was not allergic to petrol. Apples contain pectin, which is an excellent chelator of lead, (i.e. it can remove lead from the body), so it seemed that these people were instinctively reaching for the pectin to counteract the lead in the petrol.

However, cravings are more likely to indicate an allergy problem. Allergy often seems to equal addiction and the reason for this is not totally clear. It has been suggested that this may be because some protein fragments formed when food is broken down are similar to endorphins, which the body produces naturally to counteract pain and produce euphoria. Then the allergy sufferer's body becomes adapted to that level of endorphin activity and so craves the allergen in order to maintain the endorphin levels.

One indication of a possible allergy problem is waking with a 'hangover' when alcohol has not been consumed the night before. This very often points to one or more food allergies. The person eats the food during the day and satisfies the craving, but during the night withdrawal symptoms begin, and classically the person wakes with a 'hangover'. Eating the allergen switches off the withdrawal symptoms and allows the person to feel better. In fact some people will not make it through the night without having a snack of their allergen in the early hours to keep their withdrawal symptoms at bay. They are often totally surprised when told that they are reacting to the very food they like and experience as making them feel better.

Because of the addictive nature of allergies some people may have difficulty losing weight. There are two possible scenarios. Firstly they could be allergic to some high calorie food and find it extremely difficult to moderate their consumption because they are addicted to it. The second possibility is that the person experiences withdrawal symptoms, but for some reason does not seem to connect the withdrawal symptoms with a particular food. In this case they keep on eating different foods without feeling satisfied. They only stop when they consume the allergen, but the turning off of the craving only usually lasts for a short time. Overall calorie consumption can be very high in these people even if the allergen is lettuce. In any event allergy-induced addictions can lead to bingeing and an inability to control food intake.

Because of this allergy-driven addiction problem, some people will like smells that most people do not, e.g. creosote and petrol/gas. Almost invariably the person is allergic to this, and is getting their 'fix'. Teenagers who sniff glue may be allergic to it, and while counselling may be necessary, correcting this allergy will almost certainly help enormously.

A child with a lot of food sensitivities will often be a fussy eater. The parent will frequently say: 'My child would be happy if he/she could live on X.' The child is probably allergic to X, whatever that

is. Frequently they become irritable and bad-tempered if they have to go without their favourite food for even a short period of time. Breast fed babies with allergies are usually either difficult feeders or need to be constantly fed both day and night and may be difficult to wean.

Some years ago I had a funny example of the allergic addiction phenomenon. I went to visit a friend, who had a cat. When I went into the kitchen I saw cat food scattered over quite an area around the cat's food bowl. My friend explained that her cat was a very untidy eater, and she had not had time to clear it up before my visit. I knew that in general cats were tidy eaters, so I wondered if the cat was desperately searching through its dinner for the particular food it craved. I did some testing and found several allergies. I corrected the problems, and after that the cat became a tidy eater like all the other cats I know.

What Symptoms Can Be The Result Of Allergies?

It is easy to be over-influenced by the current medical understanding and only think about allergy in relation to a limited numbers of illnesses, such as asthma, eczema and hay fever.

I had a very salutary experience in the early days of my practice. At that time I was working exclusively with allergy problems, and a lady phoned me and asked to make an appointment, as she was suffering from trigeminal neuralgia. I told her that I did not know of any evidence for an allergy link for this painful complaint and persuaded her not to come to see me. A week later she phoned again and was most insistent on seeing me. Once again I explained my reservations, but agreed to see her. Testing showed she was allergic to *lead*, which she was exposed to in her work – she made small pewter boxes. We dealt with the problem, and she made a very rapid recovery.

Another client came to me after having been diagnosed as suffering from post-natal depression. Testing showed she was highly allergic to *formaldehyde*. I told her the most common sources of formaldehyde, which include cavity wall insulation. She replied that her house had been insulated two weeks before her symptoms had started. Although I was able to desensitise her to this, she decided to move house. She later told me: ‘That house has caused me so much misery. My family were very close to admitting me to a mental hospital because I was so ill, and within one week of moving I feel happy and contented again.’

A small child, who was brought to see me because she wet her bed in the summer only, turned out to be allergic to *pollens*. Once we had corrected this the bed-wetting stopped completely.

Many different symptoms and illnesses can be caused by an allergic reaction or have an allergy component. What follows is not a complete list, but is intended to give some understanding of the breadth of problems that can have an allergy/intolerance component.

For some of the entries I have included likely culprits, but it is essential to be completely open-minded, because the basic rule is anything can cause a problem for anybody.

IT IS IMPORTANT TO REMEMBER THAT MANY OF THESE SYMPTOMS CAN HAVE CAUSES OTHER THAN THAT OF ALLERGY OR INTOLERANCE.

Abdominal Pain And/Or Bloating

Persistent abdominal pain and/or bloating can be as a result of many different factors, but one very common possibility is allergy/intolerance reactions. A common culprit is *wheat*.

Acne

Allergies exacerbate a pre-existing condition in some people.

ADD

See *attention deficit disorder*.

Addictions

See page 13.

Adhesions

Sometimes the fibrin strands that form after surgery do not dissolve, but become permanent, forming thick bands linking organs that were previously separate. This leads to pain, because organs are restricted in their movement, and nerve fibres are stretched. Adhesions most commonly occur after pelvic/gynaecological

surgery. Some research has suggested that this can occur as a result of *latex* sensitivity, as the surgeons wear gloves made of latex.

Alcoholism

There is undoubtedly a genetic pre-disposition to alcoholism, and in some families and cultures *alcohol* is seen as being a perfectly reasonable way of dealing with all sorts of stresses and crises, but an allergy to one or more of the components of alcoholic drinks can exacerbate any tendency. The allergy to the ingredient(s) - commonly *brewer's yeast, grapes, hops, malt, grains* or any of the processing chemicals - leads to addictive drinking, which fuels an underlying tendency to alcoholism.

Allergic Rhinitis

This involves inflammation of the mucous membranes that line the nasal passages. Symptoms may include itching of the nose, roof of the mouth, eyes and throat. Some people also suffer from sneezing, runny nose and watering eyes. Common problem substances include *house dust, house dust mite, pollens, animal hair, moulds, perfumes, bleach, solvents, tobacco smoke* and *vehicle exhaust fumes*.

Anaphylactic Shock

A life-threatening allergic reaction. Massive amounts of *histamine* and other chemicals are released, causing immediate changes to body tissues: the blood vessels dilate causing a sudden lowering of blood pressure, and swelling of the tongue and airways occurs. *Peanuts, shellfish* and *bee stings* are common culprits. Tryptase is an enzyme released during anaphylaxis, which can be measured on a blood test to confirm that this type of allergic reaction has definitely occurred. See also *angioedema*.

Angioedema

This is similar to *urticaria*, but affects the body at the level of the blood vessels, causing swelling from excess fluid. Often caused by a sudden reaction to *seafood, peanuts, strawberries* or *eggs*. Common

sites are the skin, the gastro-intestinal tract and the throat and larynx. This can be very dangerous causing difficulty in breathing, speaking and swallowing. During an attack emergency medical treatment is likely to be needed. Often involved in *anaphylactic shock*. Common culprits are *bee sting, penicillin, aspirin, food colourings* and preservatives, shellfish, strawberries, *nuts* and *peanuts*.

Anxiety

Anxiety with its feeling of fear often has a psychological base, but allergies can be a precipitating or exacerbating factor too, particularly to *coffee, tea, chocolate, food colourings* and other chemicals.

Arrhythmia

This is when the heart has an irregular or abnormal heart beat. Many different substances can cause this problem. Excess *coffee* consumption can cause the same problem, and this may be either an allergic reaction or a straight-forward physiological reaction to the amount of *caffeine*, a central nervous system stimulant, that is consumed.

Aspergillosis

This is a reaction to the fungus *Aspergillus fumigatus*, which is found in soil and dust and decaying vegetable matter. In some people the spores grow in the lung mucus, causing an allergic reaction.

Asthma

Sometimes asthma starts after a virus infection - often respiratory syncytial virus (RSV). Many different substances can trigger an asthma attack. Common culprits include *dairy products, food colourings, formaldehyde, house dust mite, pollens, pet hair* and *moulds*. Some asthma has also been linked to chronic trichophyton diseases such as athlete's foot. The body is producing IgE antibodies

in an attempt to fight the athlete's foot; the antibodies are carried in the blood stream to the respiratory system, and symptoms of asthma may appear. See also *urticaria*.

Attention Deficit Disorder (ADD)

Children who are unable to concentrate, and are clumsy and very restless. There is some evidence that ADD children tend to turn into depressed adults unless the condition is rectified. In my experience of treating children with this complaint, if allergies play a large part in the problem, then the child almost always has other physical symptoms too (often *eczema* or *asthma*). Common culprits include *food colourings* and other chemicals.

Autism

This sometimes responds to allergy/intolerance work.

Bad Breath

Bad breath may be a symptom of poor oral hygiene, gum disease or digestive problems. Digestive problems often have an allergic component so allergies are worth considering for this embarrassing problem.

Bed Wetting

See *incontinence*.

Bingeing

Allergy induced cravings can lead to bingeing and inappropriate eating patterns. See page 13.

Blood Sugar Levels

See *hypoglycaemia*.

Brain Fog

Many people with allergies feel as though their brains are not working properly. Foods may be the culprits but so may inhaled chemicals, particularly *formaldehyde*.

Bronchitis

While smoking is the main cause of chronic bronchitis, allergies may be the problem or a contributing factor for some people. *Cigarette smoke* (including passive inhalation), *house dust mite*, *moulds* and *pollens* are the most likely problems, but not the only ones.

Burping

This is usually accompanied by other symptoms when it is allergy based.

Candidiasis

The condition caused by *Candida albicans*. *Candida albicans* is normally a harmless yeast organism present in the human gut, where it lives in balance with the normal bacterial population of the gut. Sometimes the number of *Candida albicans* organisms increases dramatically, and the way in which the organism grows changes. It has been suggested that when *Candida* proliferates it is able to change the way in which it grows, and it can permeate the walls of the intestine and allow food molecules to pass into the body producing allergic responses to these foods. Many people who have this problem are also allergic to the *Candida* organism itself.

This over-growth of *Candida* can be caused by, for example, antibiotics (directly affecting the bacteria balance in the gut), steroids (suppressing the body's immune system), hormonal changes in pregnancy, use of the contraceptive pill, and poor diets high in refined carbohydrate and sugar.