

Food Allergies and Women's Health

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The foods we eat are the most fundamental relationship we have with our environment. Although foods are required to sustain life, it is the specific types of foods that will either engender health and vitality, or create sickness and disease. We know, for example, that the excess ingestion of saturated fats can contribute to heart disease and some types of cancer, while the frequent consumption of fresh vegetables and soy products will prevent cancer. Although this information can prove useful if applied to the general population, it is not individual-specific, and therefore may not have much use on a person-to-person basis. In contrast, food allergy identification provides a method to identify specific foods that activate our own immune system and compromise our health.

The term "food allergy" denotes an immune system reaction to a food. In the past, there has been a misunderstanding of what constitutes a food allergy. A true allergy is a specific subset of a hypersensitivity classification system, in which an IgE antibody results in histamine release and the immediate symptoms of itching and sneezing that are characteristic of an allergy (e.g. hay fever). Food allergies generally involve other types of hypersensitivity reactions--usually delayed--that rely upon IgG antibodies and immune cells. Although the differences may seem trivial, the somewhat incorrect use of "allergy" has limited the acceptance of food allergies by conventional doctors and allergists. For this reason I will refer to food allergies instead as "Delayed Hypersensitivity Food Reactions" or DHFR's.

Dysfunction of the small intestine can be responsible for the genesis of DHFR's. Under ideal conditions the lining of the small intestine, the mucosa, provides a barrier that selectively allows (or facilitates) the passage of essential nutrients. When this selective mechanism fails, as in the case of the chronic use of some pain relievers that damage the mucosa, material passes into the absorptive cells of the intestine, and on into the blood stream. These "materials" are partially digested food proteins that are large enough for the immune system to recognize as foreign. The result is the activation of local intestinal immunity and the subsequent systemic inflammatory effects.

Sixty percent of the lymphatic system is found in close approximation to the digestive system. This "Gut Associated Lymphatic Tissue" (GALT) represents one of the first lines of defense to ingested foods, bacteria, and parasites. When the GALT becomes activated by a food allergen, white blood cells in the GALT secrete chemicals called "cytokines" that can initiate inflammatory reactions in distant parts of the body. For example, a person with chronic vaginitis and a wheat allergy will activate the GALT every time wheat is eaten. The GALT will secrete cytokines that will increase vaginal inflammation and perpetuate the condition.

Cytokines can create inflammation in almost any tissue and organ system throughout the body, resulting in a variety of symptoms. Gynecologic-specific conditions include genital itching, recurrent vaginitis, decrease in sexual drive, premenstrual symptoms, painful menstruation, and irregular periods. Other non-

gynecologic symptoms include eczema, fibromyalgia, irritable bowel, burning urination, fatigue, and headaches.(1) According to Theron G. Randolph, MD, and Ralph W. Moss, Ph.D., in *An Alternative Approach to Allergies*, undiagnosed food allergies plague more than fifty percent of the population. Many of these individuals are told by their doctors that they have to live with their chronic illnesses. Most of the time the person suffering from a DHFR is unable to correlate the symptoms with a specific food. In fact, frequently the offensive foods are the most eaten or the most craved in a person's diet. I have cared for several persons whose addiction for the irritating foods were so powerful that they were unable to eliminate them from their diets.

The first step in treating DHFR's is the identification of the antigenic foods. This can be accomplished with an elimination diet or with a blood test. An elimination diet entails the removal from your diet the foods eaten daily, those you crave, or those that stimulate you. For most persons these foods are dairy products, eggs, wheat, and brewer's yeast (these happen to be the most foreign). After several weeks each individual food is re-introduced weekly and symptoms are noted. A more accurate means to identify the foods is with an ELISA (enzyme-linked immunoserological assay). This test relies on the interaction between antibodies in your serum (blood minus the blood cells), and each food antigen. The antigen-antibody reaction is quantified, and the ELISA eliminates the guesswork in determining to what foods your immune system is reacting. The ELISA I use tests both IgG (delayed onset reaction) and IgE (immediate onset reaction) antibodies to about 100 different foods.

The second step in treating DHFR's is to eliminate the offensive foods. All foods involved in strong immune system activation must be avoided completely for several months. This amount of time will allow for the desensitization of your immune system. If even small amounts of the "foods to be avoided" are eaten, the immune system will re-sensitize and you will be back to square one. The good news is that once you have desensitized you can usually add the food back into your diet. Finally, an attempt needs to be made at determining the origin, or cause, of the DHFR's. There are numerous underlying conditions that can predispose you to DHFR's. These include intestinal infections such as candidiasis and intestinal parasites; adrenal gland weakness or overstimulation (stress); heavy-metal toxicity; inadequate secretion of hydrochloric acid by the stomach, or deficient pancreatic enzymes; environmental hypersensitivity; toxic liver; chronic use of anti-inflammatory drugs; eating the same foods repetitively; and a "leaky gut syndrome".(2)

Leaky gut syndrome, known also as intestinal hyperpermeability, is probably the most important factor to consider with DHFR's. This condition manifests when the intestinal wall has become damaged, permitting the passage of macromolecules into circulation. Not only will the symptoms of food allergy result, but also the liver will become burdened with the removal of partially digested food material, compromising its detoxification mechanisms. Because it is the function of the liver to breakdown hormones, estrogen levels will elevate, worsening symptoms such as uterine fibroids, fibrocystic breasts, and premenstrual syndrome. In practice this frequently occurs, and makes an accurate diagnosis difficult by

complicating the clinical picture. With this scenario it becomes necessary to use aggressive therapy. The antigenic foods must be avoided, but also a "cleansing" diet or fasting must be implemented.

Delayed Hypersensitivity Food Reactions, or food allergies, are estimated to be responsible for up to fifty percent of the symptoms seen in general practice.(3) When adequately addressed, your food sensitivity will diminish, with a concomitant amelioration of symptoms. In conclusion, it is the superior physician who heals by identifying the basic elements responsible in creating disease. Treating the symptoms only precludes, or at best delays, such identification. Foods *are* the most fundamental relationship we have with our environment, and our health.

References:

1. T.G. Randolph and R. W. Moss, *An Alternative Approach to Allergies* (New York: Lippincott/Crowell, 1980).
2. W.A. Commings and E. Williams, "Transport of Large Breakdown Products of Dietary Protein through the Gut Wall", *Gut* 19 (1978):715. See also M.C. Reinhardt, "Macromolecular Absorption of Food Antigens in Health and Disease", *Journal of Allergy* 53 (1984):597.
3. R. Golan, *Optimal Wellness* (New York: Ballantine Books, 1995).