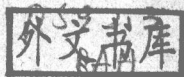


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FOOD ALLERGY

ITS MANIFESTATIONS, DIAGNOSIS AND
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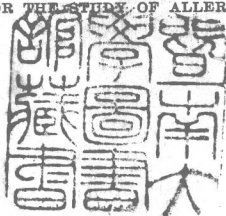
WITH

A GENERAL DISCUSSION OF BRONCHIAL ASTHMA

BY

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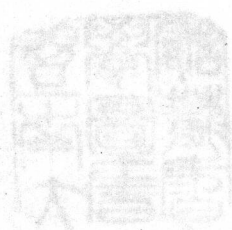
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PREFACE.

Food allergy as a common cause of human symptomatology is gaining increasing recognition, as emphasized in the literature of the last decade and in my experience as an internist as well as an allergist. Such allergy not only enters into the etiology of many conditions necessarily treated by the general practitioner, but also into the cause of many symptoms demanding relief by all specialists. Food allergy may produce localized symptoms in any tissue or part of the body in which respect it differs from the inhalant types of allergy whose main manifestations occur in tissues with which those allergens have more or less definite contact. Thus food sensitization is one of the most important etiological agents known.

This volume deals primarily with the problems of food allergy. However, I have emphasized the fact that, although such allergy is not infrequently the sole cause of many allergic manifestations, the recognition of the inhalant and other miscellaneous allergies is most important. This is especially so in bronchial, nasal and cutaneous allergic symptoms, and is of such importance in bronchial asthma that I have entered into a complete discussion of the entire etiology and treatment of this condition before considering the problem of food allergy.

I have ascribed the negative skin reactions which so frequently occur to foods which are productive of sensitization in the patient as the main cause of the delayed recognition by physicians of food allergy in the etiology of human symptoms, and I have stressed the importance of diet trial for the diagnosis and control of such symptoms. For such diet trial I have emphasized the various methods such as semi-fasting, the keeping of a dietary diary, the food addition method of Brown and dietary manipulation as suggested by Alexander and Eyer mann.

Personally, I have found that my elimination method of diet trial as described over two years ago has been of increasing value, and my "elimination diets," their use and development for the diagnosis and control of food allergy are described in detail in Chapter III. In addition, a considerable number of recipes and recommendations which can be used for these diets as well as for the various wheat-, milk- or egg-free diets which are indicated at times by the history or skin reactions are included, and should be of value to the physician, patient and especially to the dietitian. These "elimination diets" constitute a standardized method of diet trial which can be used by all physicians in the further recognition and development of the subject of food allergy.

The many manifestations of food allergy are described. I espe-

cially think that food sensitization is a much more frequent cause of gastro-intestinal symptoms than is appreciated today. Food allergy, moreover, in my experience, has not had its rightful recognition in the etiology of bronchial asthma, and the same holds true for migraine. I have also described a definite syndrome due to food allergy which I have called "allergic toxemia," and I have reported the occurrence of cutaneous, uterine, bladder, nasal, nervous and ophthalmic disorders which have been shown to be due to food sensitization. These many manifestations give ample evidence of the importance of the understanding of this common cause of symptoms by the general practitioner and specialist alike. For the allergist, I hope that the further discussion and description of my "elimination diets" for diagnostic and therapeutic purposes as well as the recipes, menus, case reports and a complete review of the literature on food allergy will be of definite service.

It must be emphasized very definitely that all physicians can obtain results in the treatment of food allergy who are willing to devote time and thought to the mastery of the methods of diagnosis and therapy described in this book. The appreciation of the many possible manifestations of food allergy is primarily important. The value of diet trial supplemented and aided by food tests must be understood. Of the two methods of diagnosis, I place diet trial ahead of testing, and as I shall explain in this volume, diet trial alone is justifiable and often productive of excellent results when a physician suspects food allergy to be a cause of symptoms and is not able to carry out food tests. For such diet trial I have found my elimination method as mentioned above of ever-increasing value.

But successful diagnosis and control of food allergy necessitates experience with a number of cases over a period of months. The physician's assurance of the value of the method and his insistence on the coöperation of the patient and on the execution of the details of the diet by the patient are of primary importance. With such an attitude physicians will readily convince themselves of the frequency of food allergy and will be able to relieve their patients of many distressing symptoms which have resisted other attempts at control.

I wish to thank my office assistants for the help rendered during the preparation of this volume. I am especially indebted to my wife, Mildred P. Rowe, for her help in proof-reading and for her French translations. Elizabeth Fletcher and Ruth Hulen have been of continued aid in transcribing my text and data, and Alvina Hanson and Eva Court have kindly prepared the various menus and recipes for my diets. I am indebted to Dr. R. E. Kern for his review of my manuscript. I am also grateful to Dr. O. H. Garrison and Kathryn Glunz for their willing coöperation in the clinical problems of my work.

A. H. R.

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