



# FOOD ALLERGY

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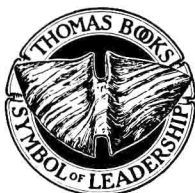
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*To*

*Merle Russell, M.D.*

*who epitomizes the physicians  
for whom this work  
is intended*

## PREFACE

The purpose of this monograph is twofold:

*First*, it is to describe in terms of our combined experience the nature and dynamic mechanism of food allergy, and,

*Second*, it is to outline a practical approach to the problems inherent in its recognition and management.

This monograph is based primarily upon direct clinical observations which have been made in the course of performing many thousands of deliberate individual food tests and from the correlation of these test observations with the clinical course of the various allergic diseases. It is not designed to be complete in the bibliographic sense. Aspects of the subject that do not have a direct bearing on the views expressed by the authors are not included.

The principles employed in the diagnosis and treatment of food sensitivity are similar whether the patient happens to have one or another of the various allergic manifestations. Consequently, it seems desirable to describe specifically *the fundamental nature and mechanism of food allergy* rather than to discuss the effects produced by foods in the different clinical syndromes of allergic origin such as in asthma, nasal allergy, urticaria and other allergic diseases. (The latter form of presentation, conventionally employed in texts and instructional courses, has favored a repetition of generalizations in respect to the food allergy process as well as to other basic mechanisms involved in clinical allergy.)

The reader's attention is directed to the fact that the use of the terms, "food allergy," "food sensitization" and "specificity," are all used in reference to sensitizations which have been proven at will. Furthermore, in all instances of mixed sensitizations, that is inhalants and foods, the inhalant factors have been evaluated and controlled by avoidance or specific treatment, so as to obviate them as a complicating factor in the reproduction of symptoms, which might confuse the interpretation of a reaction or our conclusions concerning the fundamental nature of symptoms produced by foods.

The nature and diagnosis of food allergy is not a recent addition to the practice of medicine. Hippocrates (Adams, F.: *The Genuine Works of Hippocrates*. Baltimore, Williams & Wilkins) said, "It appears to me that they would search out the food befitting their nature. . . . To many this has been the commencement of a serious disease when they have merely taken twice in a day the same food which they have been in the custom of taking once."

More recently Alvarez (Alvarez, W. C.: *Gastro-Enterology*, 14:321, 1950) explains that a patient, "may not get hunger distress if he eats the food once, but if he eats it for several days running he may get into trouble."

The principles involved in the technique of the individual food test and in the prophylactic use of the Rotary and Diversified Diet are well supported by recent investigators.

While this exposition is necessarily limited to the nature and mechanism of food sensitivity, the authors fully realize the importance of inhalant and contactant allergy and the fact that food sensitization is seldom the sole etiologic agent in allergic disease. However, it is felt that a detailed presentation of food allergy will aid physicians in appraising the interrelationships of ingestant, inhalant and contactant factors in allergic disease not only in respect to the part played by specific foods in the various syndromes of accepted allergic origin, but also the possible role food sensitization may play in certain other disease entities.

It is our aim to present a practical clinical approach for the demonstration of specific food sensitivity. We hope its application will aid in defining the role of foods both in the recognized allergic diseases and in other medical problems of obscure etiology.

The authors wish to express their sincere thanks to Susan T. Barnhart for secretarial and stenographic work and to Emma Rodewald for assistance in the preparation and standardization of recipes.

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# FOOD ALLERGY



## *Chapter I*

### INTRODUCTION

FOOD ALLERGY is a problem encountered by every physician, irrespective of his specialty or type of practice. Like infection, it produces both systemic and regional reactions, the latter often exhibiting a high degree of localization and specificity which, due to their prominence, frequently overshadow the constitutional symptoms. Finally, food allergy is like infection in that it has a pathogenesis which develops according to immunologic and dynamic factors, a knowledge of which is essential to the understanding, diagnosis and therapy of food sensitizations.

Any physician attempting to assign causative significance to his patient's symptoms must be aware of certain fundamental facts concerning the nature of the food sensitization process and the breadth of its clinical expression. He must be able at least to consider the factor of food allergy in the differential diagnosis, although he may not be expected to make a complete diagnosis of the specific allergenic agents. It is no more difficult to do this than it is to detect the existence of the various infectious processes.

Furthermore, a physician should also be able to advise his patients concerning the nature and the time required for a complete minimal diagnostic allergic survey with particular emphasis on the absolute necessity of the patient's cooperation in such studies. In respect to therapy, it is as important for the patient to be taught how to live with his disease as it is to make the original diagnosis.

Food allergy, the subject of this monograph, is less perfectly understood than the other major branches of allergy, namely, inhalant and contactant allergy, due to a number of factors.

1. There has been an unjustified faith in the reliability of skin test procedures for diagnosis. These techniques, often being mechanically performed and literally interpreted, have retarded the development of the subject.

2. There has been a wide-spread lack of knowledge concerning the dynamic nature of the food sensitization process.

3. The problem is complicated by the time and the amount of work required to make the specific diagnosis.

4. Our lack of complete knowledge concerning the sources of certain major foods in the diet, such as corn, soy bean or cottonseed for instance, has often been responsible for the failure to effect complete relief in certain cases even though they were correctly diagnosed.

5. There has been difficulty on the part of both physicians and patients to place existing knowledge into actual practice. As in the past, the ease to disbelieve a new concept frequently overcomes scientific curiosity and its attendant desires to explore a new field.

It is apparent from a review of medical history that our nomenclature is gradually changing from having been primarily **descriptive** to that of primarily **causative**. For instance, we have already abandoned such a descriptive concept as *fever*, in favor of terminology indicating the specific factors producing febrile reactions. We seem to be in the process of supplanting other descriptive terms such as migraine, or Meniere's syndrome, for newer terms indicating the specific causative factors responsible for these clinical manifestations.

Many of the differences of opinion in respect to the role of allergic disease in medicine must be viewed in cognizance of these developing changes in point of view and of nomenclature.

The material in this book is based primarily on our experience obtained in the course of making over fifty thousand individual food tests employing an identical technique.

It is our purpose in this monograph to present our methods of handling patients with food allergy. These procedures, based on the dynamic nature of food sensitization, consist of: deliberate ingestive food tests, the prescription of diet based upon the tested foods, and then, the addition to this diet of "New Foods" \* according to the escalator system. Finally, the patient is taught how to live with his allergy. Thus, more often than not, he will avoid recurrences

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\* The term, "New Food," refers to a food, whose effect on the symptomatology has not been specifically studied.