

Chapter 1

Breaking Out with Food Allergies

In This Chapter

- ▶ Distinguishing between what's an allergy and what's not
- ▶ Identifying the telling signs of an allergic reaction
- ▶ Speculating on the cause of food allergy onset
- ▶ Labeling your specific food allergies with an accurate diagnosis
- ▶ Preventing and treating allergic reactions . . . today and in the future

When you begin to suspect that you or one of your family members has a food allergy, all sorts of questions pop up:

- ✓ How did I become allergic?
- ✓ What can I do to stop feeling so miserable?
- ✓ What should I do if I begin to have a reaction?
- ✓ Can my doctor cure me?

In this chapter, I get you up to speed in a hurry about food allergies. After pointing out what is an allergy and what's not, I show you how to spot the common signs and symptoms, obtain an accurate diagnosis, avoid the foods that ail you, and relieve your misery with symptomatic treatments. I also reveal what researchers currently believe causes food allergies and some of the possible future cures you have to look forward to.

Pinning Down Food Allergy: What's an Allergy, and What's Not?

Due to a lack of accurate information and an overabundance of misinformation about food allergies, many people have developed misconceptions about what a food allergy really is. Some people think that if you get sick after eating a particular food, you're allergic to that food. Others think that if a food makes you tired, you're allergic to it, or that a craving for a particular food is a sign

of allergy, or if your pulse rate rises after eating, you're allergic. The general public often lumps every adverse symptom they have after eating a food as an allergic reaction when this, in fact, is not the case.

In the following sections, I define *food allergy* and then reveal some common conditions that produce similar symptoms to those produced by food allergies but are actually something quite different.

Defining food allergy

Food allergies are sort of like overprotective parents. Trying too hard to do the best for their children, they often cause more harm. In the case of food allergies, an overprotective immune system, attempting to defend you from harmful viruses and bacteria, misidentifies harmless substances in foods as harmful to your health and wages all-out warfare to purge them from your system. This overreaction by the immune system may be enough to kill you.



So what exactly is a food allergy? A *food allergy* is an immune system response that creates antibodies to attack substances in a food that your immune system identifies as harmful to you. In the process, the reaction releases huge stores of chemical substances, including histamines, which cause symptoms ranging from a mild case of hives to a potentially life-threatening system shutdown. For a description of exactly what happens during an allergic reaction, refer to Chapter 2.

Identifying imposters

Foods can make you feel sick for a variety of reasons, most of which have nothing to do with food allergies. This leaves the door open to quackologists selling all sorts of ineffective cures and treatments for a host of ailments that they falsely attribute to food allergies. To avoid getting sucked in by misinformation, be aware that the following ailments are rarely, if ever, related to food allergies:

- ✓ **Food intolerances:** The inability to digest a particular food, such as milk or wheat, is typically related to a missing enzyme in the digestive system that prevents a person from fully digesting the food.
- ✓ **Food poisoning:** Some foods may have toxins or bacteria that make you sick. Just because a food makes you sick one time does not mean you're allergic to it, although you should have your doctor check it out.
- ✓ **Histamine poisoning:** When you have an allergic reaction, your body releases histamine into your system, which causes most of the symptoms you experience. Some foods, including strawberries, chocolate, wine, and beer, may contain enough histamine to produce similar reactions, but these are not bona fide allergic reactions.

- ✓ **Reactions to food additives:** MSG (monosodium glutamate) and sulfites often cause reactions, but in these cases, the body has a chemical reaction, not an allergic reaction, to the additive, not to the food itself.
- ✓ **Other common ailments:** Food allergy is blamed for everything from migraine headaches to irritable bowel syndrome, but most of these ailments are caused by something other than a food allergy. Don't waste your time chasing the food allergy ghost. Work with your doctor to identify the real cause and obtain more effective treatments.

For additional information on reactions that are often mistaken for food allergy reactions, check out Chapter 2.

Meeting the Many Faces of Food Allergies: Signs and Symptoms

When your immune system flips out and starts dumping histamine into your system, all sorts of nasty stuff can happen. The histamine can attack just about every organ in your body, including your skin, lungs, and gastrointestinal (GI) tract, triggering these common symptoms:

- ✓ Hives, swelling, or an itchy rash
- ✓ Itching or swelling of the lips, tongue, or mouth
- ✓ Tightening of the chest, hoarseness, or coughing
- ✓ Abdominal cramps, vomiting, diarrhea, or nausea
- ✓ Fainting or passing out, paleness, blueness, irregular heartbeat
- ✓ Coughing, wheezing, difficulty breathing
- ✓ Fear of impending doom, panic, chills, sudden weakness
- ✓ Death, if effective emergency treatment is not immediately administered

Symptoms can appear within minutes after eating and completely disappear in an hour or two after you eat the problem food, making diagnosis a snap. In many cases, however, symptoms slowly creep up on you over the course of several hours. If you're allergic to a common food, such as wheat or milk, or to several foods, and symptoms arise slowly and take a long time to go away, you may not even suspect food allergy as the cause, and diagnosis can be much more challenging.



An accurate diagnosis is the first step toward obtaining effective treatment. See Chapter 2 for details about symptoms. In Chapter 5, I show you how to team up with your doctor to obtain an accurate diagnosis and identify the food or foods that are causing problems.

Investigating the Conspiracy: Allergens and Other Contributing Factors

When you experience an allergic reaction, your immediate concern is probably not what caused it but how to make it stop. After receiving some relief, however, your curiosity is likely to get the better of you, and you may begin to wonder why you have this condition in the first place.

The following sections explore the two factors that lead to the onset of food allergies and the possible reason why some foods are more likely to trigger allergy onset than others.

Digging up the root cause of food allergy

Research shows that the onset of food allergies is primarily due to a one-two punch of nature and nurture — genetics and environment:

1. You're born genetically susceptible to some sort of allergic condition.
2. Exposure to even a small amount of the food sensitizes your immune system to the food. Your immune system produces antibodies to attack the food next time it enters your system. Upon your first exposure, you may not experience symptoms; your immune system is just gearing up for next time.
3. You consume the problem food again, and your immune system, now sensitized to the allergen, leaps into action to purge the allergen from your system.



Food allergies typically show themselves in the first few months or years of life, and food allergy sufferers often outgrow their allergies by the time they're teenagers. Some food allergies, however, such as allergies to fish and shellfish appear later in life and rarely disappear over time. See Chapter 15 for details about your chances of outgrowing an allergy and for information on the possibility of preventing the onset of food allergies.

Playing the blame game

When people get sick, they naturally try to blame someone or something for their illness. They want to point fingers at the person who “gave me this cold” or blame their chronic headaches on “work-related stress.” In the case of food allergies, there's plenty of blame to go around, as I point out in the following sections.

Blaming your parents: Genetic factors

Allergies run in families, but not as you may think. If one family member is allergic to milk, another may be allergic to peanut or develop asthma. If one or both parents have hay fever or asthma, their children may have hay fever, asthma, a food allergy, a combination of the three, or no allergy at all. In short, if any allergic condition is present in a family member, other family members are more susceptible to developing an allergic condition, not necessarily a food allergy.

For details on how genetics and environment co-contribute to the onset of food allergies and to determine the probability that any new addition to your family will develop food allergies, check out Chapter 2. Chapter 15 reveals strategies for possibly preventing the onset of food allergies and the likelihood of outgrowing particular food allergies.

Blaming your foods: Allergens

When you're allergic to a particular food, you may be tempted to blame the food — “I like peanuts, but peanuts don't like me.” But the food itself is only partially to blame.

Foods that commonly spark allergic reactions, such as peanuts, eggs, milk, fish, and wheat, have uniquely structured protein molecules in them that make them a more identifiable target for your immune system. How your immune system responds to those proteins determines whether or not you experience an allergic reaction.



Currently, the most effective treatments for food allergies are to avoid the problem foods (to prevent reactions) and then relieve symptoms when reactions do occur. Researchers are looking for ways to train the immune system not to overreact. See Chapter 9 for details about the most promising research.

Labeling Your Maladies with a Doctor's Diagnosis

The first step in avoiding food allergy reactions and preventing future reactions requires a trip to your doctor, who can record your history, initiate allergy testing, rule out other potential causes, refer you to a qualified allergist, and provide advice and medications to keep you healthy until you can get in to see your allergist.

Then, the real work begins, as your allergist performs a complete food allergy workup to:

- ✓ Pin down food allergy as the cause of your symptoms.
- ✓ Identify the food or foods that trigger symptoms.
- ✓ Rule out foods that are suspected of triggering symptoms but really don't.

In the following sections, I provide a brief overview of the diagnostic process that leads from symptoms to cause. For additional guidance on obtaining the most accurate diagnosis possible, skip to Chapter 5.

Finding a food-allergy savvy allergist

Your family doctor is likely to refer you to an allergist she's worked with in the past. Many allergists, however, are more accustomed to working with hay fever and other environmental allergies and less with food allergies.

Knowing the benefits of a food-allergy savvy allergist

Choosing an allergist who's experienced with food allergies benefits you in four ways:

- ✓ The diagnosis may be quicker and less costly, because the allergist is likely to perform tests that focus on food allergies rather than on a host of other allergies.
- ✓ The allergist may be more aware of the risks of *false positive results* — test results that show you're allergic to something you're not really allergic to. False positives often lead to overly restricted diets that lower your quality of life and may even lead to malnutrition.
- ✓ Because skin tests can cause serious reactions in people with severe food allergies, the allergist is likely to have the necessary emergency medications on hand to properly treat you. (Severe reactions to skin tests are very rare.)
- ✓ The allergist won't order controversial tests that have been used by charlatans or quacks in the past. These tests can be very expensive and have no real bearing on the ultimate diagnosis of food allergy.

Choosing an allergist with the right stuff

If you have input on selecting the allergist, look for a combination of the following qualities:

- ✓ Experience in diagnosing and treating food allergies.
- ✓ Excellent interpersonal skills, so the allergist can effectively work with you to address all your concerns.

- ✓ Covered by your insurance, so you don't have high out-of-pocket expenses.
- ✓ Availability, so you can see the allergist as soon as possible and are likely to have little trouble scheduling follow-up appointments.

For details on selecting a top-notch allergist with the knowledge and experience required to diagnose and treat food allergies effectively, refer to Chapter 5.

Navigating the diagnostic process

A thorough food allergy workup consists of your medical history, a physical exam, and one or more tests to determine if you are, in fact, allergic to certain foods and to identify the problem foods. Your allergist is likely to perform one or more of the following tests:

- ✓ **Skin tests:** Skin tests consist of applying a tiny amount of the suspected allergen below the upper layer of the skin, usually by scratching or pricking the skin. A skilled allergist tests only the foods he suspects may cause reactions, based on the results of your history and physical exam, so no more than a few pokes with a needle are ever required.
- ✓ **Blood tests:** Your allergist may draw a vial of blood and test it for the presence of antibodies that indicate the probability of an allergy to a specific food. These blood tests are commonly referred to as RASTs (short for *radioallergosorbent tests*) but more accurately called *immunoassay for specific IgE*. IgE (or *Immunoglobulin E*) is a type of antibody that your immune system produces to attack a particular allergen. For each allergen, your body produces a different IgE, so if you're allergic to milk, your blood has IgE to attack allergenic substances in milk.
- ✓ **Food challenges:** To confirm a positive test result or gather more diagnostic data, your doctor may perform a controlled food challenge, in which you consume increasing amounts of a suspect food under your doctor's close supervision.



Don't try a food challenge at home. Food challenges carry a risk of serious reactions. Only trained personnel with emergency treatment immediately available should perform the test.

Considering food intolerances

Your body may react to certain foods in ways that can trick you into thinking you have an allergy when you don't. Instead of a food allergy, your body may lack the necessary chemicals to digest a particular food, which is considered an *intolerance*, not an allergy. Lactose intolerance is one such example, in

which the body doesn't have the enzyme (lactase) it needs to break down milk sugars.

A lactose intolerant person is likely to experience stomach cramps, nausea, and vomiting — the same symptoms that may afflict someone who has a milk allergy — but the diagnosis and treatments are very different. With lactose intolerance, you can avoid milk or take a lactase supplement to enable you to digest the milk sugars. With a milk allergy, avoiding milk products and treating symptoms in the event of a severe reaction are the primary treatment options.

Battling Back with Medications, Modifications, and Other Therapies

I hate to be the bearer of bad news, but no matter how skilled your allergist is, she can't cure your food allergy at the present time. The best we allergists can do at this point is identify the problem foods, instruct you on how best to avoid them, and treat reactions when avoidance maneuvers fail, as they often do. In some cases, you simply outgrow the allergy, as explained in Chapter 15.

In the following sections, I discuss the three options you have at your disposal — avoidance, symptomatic treatment, and one alternative therapy that shows some promise.

Modifying your diet

The primary defense against future reactions is to stop eating what makes you sick. Yeah, you just shelled out good money for a book that tells you what you already knew. Avoidance, however, is more complicated and challenging than anyone can summarize in a bit of homespun wisdom. Effective avoidance requires vigilance and a coordinated effort to prevent any amount of the allergenic food from entering your system through measures, such as:

- ✓ **Meticulously reading labels for hidden ingredients:** I provide several food allergy field guides in Chapter 6 to assist you with this task.
- ✓ **Refusing foods from unknown or un-trusted sources:** Even a well-meaning friend can offer you what he considers an allergen-free batch of cookies that has enough of the allergen in it (perhaps from a tainted spoon or spatula) to trigger a reaction. If you're ever unsure about the specific ingredients or cannot confirm the absence of a particular ingredient, don't take chances with the food.
- ✓ **Preparing foods properly to avoid cross-contamination:** For example, cross-contamination may occur if you're allergic to milk and the same knife is used to cut a piece of cheese and then slice the meat for your

sandwich. Chapter 10 provides guidelines for allergen-free food preparation and cooking.

- ✓ **Cleaning eating surfaces thoroughly before sitting down to eat:** In a school cafeteria, for example, tables should be thoroughly scrubbed down with a household cleaning solution to remove all remnants of an allergen before an allergic student sits at the table to eat.
- ✓ **Avoiding situations in which the allergen becomes airborne in high enough concentrations to trigger a reaction:** You may find yourself in this situation if you're allergic to peanuts and dine out at a restaurant where other patrons are cracking open shelled peanuts or you're allergic to fish and are seated at a table close to the kitchen where fish is being fried.



When your immune system is genetically wired to overreact to a food allergen, any amount of the allergen can trigger a reaction and potentially increase the risk of more severe reactions in the future.

In Chapter 6, I provide most of the guidance and information you need to successfully avoid problem foods by carefully reading food labels. Throughout the book, I offer additional tips and strategies to prevent accidental exposure to problem foods.

Muffling your symptoms with meds

You can't pop a pill or take a shot to cure your food allergies, but several medications can help relieve symptoms when avoidance is not 100 percent effective. Consult your allergist and stock your medicine cabinet and your travel bag with medications that can provide symptomatic relief.

Chapter 7 offers detailed information on the most effective food allergy medications and includes a Food Allergy Emergency Action Plan that helps you plan in advance for even the most severe reaction. Here, I provide a brief overview of medications that can assist in relieving your symptoms:

- ✓ **Epinephrine:** Giving someone who's experiencing a severe allergic reaction a shot of epinephrine (adrenaline) is like throwing a drowning person a life preserver. If your doctor believes that you're at risk for a severe reaction, he can prescribe epinephrine autoinjectors that enable you or someone you're with to give you an immediate injection.
- ✓ **Antihistamines:** Benadryl (Diphenhydramine) and other antihistamines in the category of H1 blockers, given by mouth or by injection, can help symptoms subside. Liquid forms or fast-dissolve pills may offer faster relief, because your system can absorb them more readily.
- ✓ **H2 blockers:** Zantac (Ranitidine) and Tagamet (cimetidine), which are commonly used to treat ulcers and acid indigestion are often effective, especially when combined with antihistamines in the H1 class.

- ✓ **Inhalant medications:** Albuterol and other asthma medications can help if you have difficulty breathing, chest tightness, or coughing.
- ✓ **Corticosteroids:** Prednisone and other corticosteroids can help prevent a recurrence in the hours following a severe reaction and prevent late reactions, but they don't work rapidly enough for emergency treatment.

Confronting the alternative (therapy) crowd

Although some alternative therapies may assist by complementing well-established medical treatments, most alternative therapies are useless at best and counterproductive at worst. In addition, they're often costly, your insurance probably won't pay for them, and they siphon off the time, energy, and resources you would be better off investing in a proven medical diagnosis and treatments.

In the following sections, I provide a brief overview of the most useless alternative tests and treatments. In Chapter 8, I do a more thorough job of debunking them and pointing out some therapies that may improve your overall health and well being but have no proven track record of relieving symptoms or curing allergy.



My mind is not completely sealed off to the possibility that more effective treatments and perhaps a cure can come from somewhere other than the established medical community. In fact, in Chapter 9, I shine the spotlight on a Chinese herbal formula that actually holds out some promise for food allergy sufferers. When I pick apart quack tests and treatments, I do it only to show that proponents of these tests and treatments have little, if any, scientific evidence to back up their claims, and I don't want you spending your time and money chasing after a treatment that's certain to be ineffective.

Exposing the most dubious tests

If I were to tell you that I could diagnose your food allergy by watching you swing a rubber chicken over your head, you'd probably question my credentials. Yet, people continue to subject themselves to tests that have no scientifically proven data to back them up. Here are some of the more questionable tests:

- ✓ **Cytotoxic testing** douses your skin cells (under a microscope) in a solution that contains the allergen to see if your cells break down or change shape in response to the allergen.
- ✓ **ELISA/ACT (Enzyme-Linked Immunosorbent Assay) testing** consists of watching how your white blood cells (lymphocytes) react to particular allergens. Proponents claim that the test can reveal the root cause of 60 percent of all human illnesses.

- ✔ **NAET (Nambudripad's Allergy Elimination Technique)** requires you to hold a food while stretching your arms out akimbo and having the examiner pull down on your arms to test your muscle strength. Supposedly, you're allergic to a food if the food weakens you, because the food is interfering with your energy pathways. Tests results almost always show the need for acupuncture or acupressure treatments.
- ✔ **Immune-complex and IgG tests** assess common immune reactions not necessarily related to allergy. IgG tests often identify perfectly harmless foods as allergens, which can lead to poor diet and malnutrition.
- ✔ **The pulse test** calls for taking your pulse before and after eating a certain food. If your pulse rate increases significantly, supposedly you're either allergic to the food or have an intolerance to it.

What qualifies as scientific proof?

Most of the proof that supports the effectiveness of alternative tests and therapies is in the form of theories or anecdotal evidence rather than scientific evidence. "Theory" is simply another term for "wishful thinking." Anyone can concoct a theory that a certain test, for example, reveals hidden allergens, but if the theory doesn't pan out in clinical practice or a controlled test, it's bunk. With anecdotal evidence, patients simply describe how they felt before and after treatment. This evidence is very open to being influenced by the *placebo effect*—the patient's belief in the treatment is sufficient in making the patient think and report that he feels better.

Scientific proof is gathered only through carefully controlled studies on people who have been accurately diagnosed as having a true food allergy — people who get sick when they eat a particular food and remain symptom-free when they avoid that food. A *controlled study* is one in which a control group — people or other animals who do not receive treatment — is used for comparison purposes.

The accuracy of a study's results vary depending on how the researchers run the study. They may choose from any of the following three testing methods:

- ✔ **Open:** Researchers and patients all know who's receiving the treatment and who's not. Because everyone is aware of what's going on, results may be influenced by the placebo effect.
- ✔ **Single-blind:** Researchers know who's receiving treatment and who's not, but the patients don't. Because the researcher may unknowingly communicate, through body language, who's getting treatment and who's not, blind testing may also be influenced by the placebo effect.
- ✔ **Double-blind:** Neither the researchers nor the patients know who's receiving treatment and who's not until after the study is completed. Results of double-blind testing are the most reliable.

After a particular treatment is proven effective, typically in non-human animals, responsible researchers perform further testing to determine the treatment's effectiveness in humans and its safety. This ensures that mainstream treatments are safe and effective in humans, which you can't always rely on with alternative treatments.

Pulling the plug on unproven treatments

Many alternative medical practitioners want you to believe that your food allergies stem from nothing more than your body having too much or too little of something it needs. They often promise to cure your food allergy and every other illness you have by bringing your system into “proper balance.” Following are some of the half-baked schools of thought that drive the development of these unproven treatments:

- ✓ **Homeopathy:** A tiny amount of what ails you can supposedly cure you for good.
- ✓ **Supplementarians:** Peddling their pet concoctions of vitamins, minerals, and herbs, these folks want you to believe that if your body just had the right chemical balance, you’d never be sick another day in your life.
- ✓ **Chelationists:** The theory here is that you’ve been poisoned by something in the environment, typically a heavy metal like lead or mercury. Leaching the poisons out of your system, through chelation, supposedly will do the trick.
- ✓ **Full-body cleansers:** These folks attribute almost every disease to a gummed up colon, liver, kidneys, or gallbladder — nothing a thorough internal scrubbing can’t cure!
- ✓ **Leaky gutters:** The leaky gutters do have a point. Sometimes your GI tract can let some undigested food particles through its walls (a leaky gut), which may eventually cause a condition called eosinophilic gastrointestinal, which I discuss in Chapter 7. Leaky gut, however, plays no role in food allergies or intolerances.
- ✓ **Masseuses, chiropractors, and other body manipulators:** Although a good massage, a chiropractic adjustment, or yoga may make you feel better all around, none of these treatments or practices can cure food allergies.



The National Center for Complementary and Alternative Medicine (NC CAM) Web site at nccam.nih.gov provides some excellent information on alternative tests and therapies. It’s not comprehensive (for example, when I searched the site, I found nothing on NAET or ELISA/ACT), but the site does provide some reliable details about specific herbs, supplements, and other alternative and complementary treatments. I recommend that you visit the site before trying any potentially dangerous or utterly useless treatment.

Getting the Lowdown on Potential Futuristic Cures

Although the medical community has no cure for food allergy, researchers are working on it. As I reveal in Chapter 9, we’re advancing quickly, and research

is accelerating at breakneck speed. I predict that within 20 years, we'll see a cure for food allergy. The following list introduces some of the most promising results of current research:

- ✔ **Immunotherapy:** Immunotherapy attempts to desensitize the immune system to a particular allergen over time by subjecting it to increasing doses of the allergen.
- ✔ **Ancient Chinese herbal remedy:** An ancient Chinese herbal formula (FAHF-1) has proven effective in virtually curing peanut allergy in mice. Another variant of this herbal brew, fondly referred to as FAHF-2 has proven equally effective in treating mice. For more about FAHF-2, refer to the following sidebar and skip to Chapter 9.
- ✔ **Anti-IgE antibody therapy:** Because IgE antibodies are the instigators of most food allergy reactions, scientists are looking for ways to incapacitate these antibodies. Anti-IgE antibody therapy consists of stimulating the body's production of IgG antibodies that bind with the IgE antibodies. IgG renders the IgE powerless and unable to trigger the massive release of histamines, which cause most symptoms.
- ✔ **Genetically engineered immunization shots:** Scientists are working on ways to re-train the immune system to function properly by ramping up its response to disease-causing organisms and cranking down its response to harmless substances. Genetically engineered amino acids can often tweak the operation of the immune system to mute its reaction to food allergens.
- ✔ **Probiotics:** Beneficial bacteria, such as those found in yogurt, may optimize the functioning of the immune system, improving its ability to defend the body against harmful bacteria and viruses while decreasing its tendency to overreact to food allergens.

Improving the ancient Chinese herbal remedy

The results of an NC CAM-sponsored study sought to test the effectiveness of an ancient Chinese herbal formula known as FAHF-1 in reducing allergic reactions to peanut in mice and possibly preventing the occurrence of life-threatening reactions. The study proved that the formula was effective, but it had some significant drawbacks. FAHF-1 was:

- ✔ A complex formula
- ✔ Difficult to produce in mass quantities

- ✔ Contained two ingredients that were potentially dangerous

The research team removed the two potentially dangerous ingredients, developing a new, improved, and simpler formula called FAHF-2. Test results prove that FAHF-2 is just as effective in treating peanut allergy in mice, and the beneficial effects lasted for up to five weeks after discontinuing treatment.

You can read more about FAHF-2 in Chapter 9.

Living Large with Your Food Allergies

Food allergies limit more than your menu selections. They can place some restaurants off limits, isolate your allergic child in the cafeteria, make you more reluctant to visit family and friends for dinner, and complicate your life with a host of precautionary measures and sometimes paralyzing fear.

Throughout this book, especially in Part III, I attempt to allay any fears and equip you to deal more effectively with food allergies at home (Chapter 10), during your evenings out on the town and wherever you happen to travel (Chapter 11), and at school (Chapters 12 and 13). I reveal common-sense precautions that, once they become habit, enable you to live a full, enjoyable life without becoming paralyzed by undo fears. I equip you with everything you need to decipher labels (Chapter 6), discover tasty alternatives for the foods you love (Chapter 18), and even whip up a few delicious allergen-free meals and desserts in your own kitchen (Appendix).

Avoiding the foods you're allergic to, however, is rarely 100 percent effective in preventing reactions. The trick to dealing with the possibility of a reaction is to be prepared 100 percent of the time. By having the medications you need to immediately respond in the event of an emergency, you can decrease the fear factor by a factor of ten and establish a more relaxed form of vigilance. (For more about medications and preparing from emergencies, check out Chapter 7.)



An allergic reaction can be a terrifying experience, but by mastering a few allergen-avoidance techniques and remaining well-prepared to respond immediately in the event of a reaction, you can limit the risk and ease your mind.

Unmasking Common Food Allergy Myths

Before you move on to the next chapter or skip ahead to a chapter you find more fascinating, I'd like to take the opportunity to dispel some of the most common myths about food allergies. By clearing any cloud of misinformation from your brain, I can free up some space for the more accurate and useful information I present later in this book. The following list reveals the most common and tenacious myths:

- ✓ **It's nothing more than a stomachache.** Maybe you're right. Maybe you have nothing more than a stomachache, but you should still have it checked out, especially if your stomach aches soon after you eat a specific food. Without an accurate diagnosis, you're at a higher risk of



experiencing a more severe reaction later and being unprepared to deal with it, if, in fact, it turns out to be allergy related.

- ✓ **A little taste can't hurt.** To your immune system, even a tiny amount of a problem food is enough to trigger an all-out attack. People with severe allergies can have life-threatening reactions when the same spatula used to serve a cookie containing the allergen is used to serve up their supposedly allergen-free cookie.
- ✓ **A tiny bit may actually help.** Although some food allergy treatments call for exposing the immune system to increasing amounts of a known allergen to desensitize the immune system, trying to do this on your own is very dangerous.
- ✓ **Food allergies make me hyper.** Food allergies are often blamed for psychiatric disorders, such as ADHD (Attention-Deficit/Hyperactivity Disorder). Although food may play a role in the severity of the symptoms, food allergies are not the root cause or even a strong contributor. You're better off seeing a psychiatrist and therapist to receive a proper diagnosis and treatment.
- ✓ **Epinephrine is a dangerous drug.** Some doctors refuse to prescribe epinephrine, particularly for children, because they think it's a dangerous drug. The fact is that epinephrine is a very safe drug, and for a huge majority of food allergy sufferers, the benefits far outweigh the risks. See Chapter 7 for details.
- ✓ **You're allergic to any food that causes problems.** Foods can cause problems for all sorts of reasons, including other ingredients in the food, toxins, high concentrations of histamine, bacteria, and viruses. Don't assume that just because a particular food gives you the collywobbles that you're allergic to that food.
- ✓ **The peanut allergy is the most common.** Peanut may very well be the most common allergy in some populations, but the prevalence of a particular food allergy varies according to age and culture. Kids are more likely to be allergic to peanuts, milk, and eggs, for example, while adults are more prone to seafood allergies. People of Jewish decent have a higher prevalence of allergy to sesame. In Japan and other countries in which fish is a staple, fish allergy is more common.
- ✓ **If you weren't allergic to it before, you can't be allergic to it now.** As explained earlier in this chapter, in the section "Investigating the Conspiracy: Allergens and Other Contributing Factors," the onset of a food allergy is brought on by a genetic susceptibility and exposure to the problem food. The more exposure to the problem food, the higher the risk of developing an allergy to it if you're susceptible. However, some food allergies, including milk and egg allergies, tend to develop earlier in life, whereas seafood allergies tend to appear later in life.

- ✓ **Bona fide food allergies are rare.** Approximately 7.5 percent of the population of the United States has a bona fide food allergy, and the incidents of food allergies seems to be on the rise.
- ✓ **I'm allergic to food additives.** Food additives can trigger reactions, even severe reactions, but these are not allergic in nature. Reactions to food additives are chemical reactions that produce symptoms very similar and perhaps even identical to those of allergic reactions.