PART I

Allergies and Asthma: A Traditional Approach

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Understanding and Diagnosing Allergies

Jeffrey, a thirty-five-year-old man, came to see me because he had severe seasonal allergies. They were worse in the spring and fall. He had a high-powered job and was unable to perform well at those times. He had marked difficulty breathing and often ended up with chest colds and on oral steroid medications. He felt he had no choice because it was the only way he could breathe. In addition, he was on two different asthma medications, including an inhaled steroid. It got so bad during allergy season that he was using medications around the clock. He was very worried.

Jeffrey was very concerned that his allergies were slowly getting worse over time. And he couldn't understand why his asthma suddenly seemed to be getting worse. He had had asthma since he was a child and allergies since he was a teenager, and he thought he knew how to handle these conditions. He felt they were now out of control, and he was angry and ready to get to the bottom of these problems.

I performed a food sensitivity test, and I tested for candida antibodies, among other, more routine blood tests. I found he had many food sensitivities—almost more than I had ever seen, and his candida antibodies were very high. I explained that anyone who used steroids,

especially oral ones, would have a high candida level. I was also certain that he had a condition called leaky gut evidenced by his many food sensitivities.

I explained to him that asthma and allergies were very tightly connected. That would explain why his allergies triggered the worsening of his asthma symptoms. To treat his allergies and his asthma, we eliminated from his diet the candida and foods to which he was sensitive, and placed him on an oral supplement program. By the fall, he was symptom-free and made it though that first season without any problems. He never needed to be on oral steroids, and his breathing had never been better. After that first true test, we then decreased the amounts of all of his other medications, and he made it symptom-free through the next spring, his first without drugs. He was thrilled, and he continues to do well to this day.

The food sensitivity test and the candida test, along with an oral nutritional supplement program, are the cornerstones of my cure. However, before we get to that, let's examine what allergies and asthma really are.

How Allergy Works

An allergy can be broadly defined as an abnormal, adverse, physical reaction of the body to certain substances known as allergens. It is usually referred to as a hypersensitive state because those who suffer from an allergy usually react to quantities of the allergen that leave most people unharmed.

The process of how this allergen can cause a problem in the body involves the immune system. Most allergic individuals will develop an excess of the antibody IgE when exposed to an allergen. The IgE antibodies then attach to mast cells (a component of your immune system), and the mast cells cause histamines and leukotrienes to be released from certain other cells, causing the disturbing allergic reactions. This is your immune system doing its job, but in this case, it overreacts.

Allergy attacks also may occur through a non-IgE-mediated response. This mechanism is less clear from a scientific point of view, but no less irritating. The food sensitivity test measures sensitivities

not related to IgE. Candida antibodies do not measure the IgE response. Certain bacteria or foods can create antigen-antibody complexes that lodge themselves in the lungs in this instance, and cause chronic inflammation, without involving IgE at all.

I mention this because most of the commonly available allergy tests search for an IgE response. If the traditional tests are negative, your doctor will tell you that you don't have any allergies. This is not necessarily true.

Allergy Types

There are almost as many types of allergies as there are allergy sufferers. They are usually classified according to what causes them, or the symptoms they cause. Allergens may cause a reaction in several ways: inhalation, injection, ingestion, or through skin contact. Allergic reactions can involve any part of the body but most frequently affect the nose, eyes, lungs, and skin.

Allergies That Are Defined by What Causes Them

1. *Inhalant allergy,* such as from pollen or dust
2. *Infectious allergy,* with symptoms made worse by a cold or flu
3. *Insect allergy,* usually from the bite of a particular insect
4. *Drug allergy,* which can be quite serious and may result in anaphylaxis—a life-threatening condition
5. *Physical agent allergy,* such as an allergy to cold, heat, or exercise
6. *Contact allergy,* such as to latex, household chemicals, or newsprint
7. *Food allergy,* including anything that you could ingest that is not a poison; it is different from a food sensitivity. Food allergies are generally severe and will cause a noticeable reaction

Allergies That Are Defined by Their Symptoms

1. *Allergic rhinitis or hay fever,* the most common form of allergy
2. *Eczema*

3. *Hives,* also known as chronic urticaria
4. *Skin rashes,* including rashes that are not included in any other grouping
5. *Rosacea*
6. *Anaphylactic shock*

For the majority of the listed allergies, with the exception of anaphylactic shock, drug allergy, and true food allergy, I have been able to help patients achieve close to total resolution of their symptoms through the program outlined in this book.

Allergic Rhinitis or Hay Fever

Although the name may be a misnomer since this rarely produces a fever and hay has nothing to do with it, hay fever affects millions of people. Most people are allergic to pollens, and that is why the symptoms are seasonal. The most common offenders are trees, grasses, and ragweed. The timing of the symptoms is variable due to where you live. Other common offenders are weeds, dust mites, and mold spores.

The symptoms of allergic rhinitis can make us very uncomfortable. Nasal congestion is usually the most troubling of the symptoms—it can affect our speech and give us a dry mouth. Other symptoms include a runny nose, and swelling and inflammation of the mucus membranes. This inflammation causes sneezing, itchy eyes, itchy and scratchy throat, and loss of smell and taste, all of which can make life miserable for a hay fever sufferer. Most people also get a clear mucus drainage that leads them to blow their nose all day and to get a red nose from the irritation.

Allergic rhinitis symptoms also include the following characteristics:

- intermittent symptoms that are either seasonal, food-related, environmental, or emotionally triggered
- symptoms are relieved with antihistamines, food elimination, environmental elimination, or stress reduction techniques
- symptoms are persistent or perennial
- postnasal drip, sore throat, cough, hoarseness, wheezing or difficulty breathing, and/or skin rash

- dark circles under the eyes
- symptoms are usually preceded by a personal or family history of allergies, eczema, or asthma

Eczema

This is one of the most common skin conditions. Eczema as an infant is a strong indicator of asthma risk as a child or an adult. Not all eczema sufferers as infants will go on to suffer from asthma, but almost all asthma sufferers will have had eczema when they were infants. How many of you right now are wondering if you had eczema when you were a baby? Call your mom and ask her.

Eczema is a rash that is most often accompanied by severe itching. It usually begins within the first year of life as a facial rash. Recently, I have been seeing this in adults with no history of having had it. When it begins in adults, the lesions can appear anywhere, but most occur on the insides of the elbows, and on the backs of the knees, neck, ankles, wrists, and hands. Contact eczema occurs when you touch something you are allergic to.

Food Allergy

There are many foods that can cause true allergies. These can be life-threatening and are quite common. A food allergy occurs through an IgE-mediated response similar to what I have previously described. The most common symptoms of a food allergy are vomiting; stomach pain; asthma attack; breathing difficulties; headaches; joint swelling and pain; hives; itchiness; diarrhea; and, in the worst cases, anaphylaxis. Some minor food allergy symptoms can be a tingling sensation in the mouth or a swelling of the tongue.

Some people are so allergic to certain foods that they will get a reaction if the food is simply in the room, or if their skin comes into contact with the food. Sometimes patients may even have reactions to food residue on restaurant tables and chairs. Ninety percent of all food allergies are to milk, peanuts, soy, eggs, nuts such as cashews, almonds, or walnuts (peanuts are actually legumes), shellfish, fish, or wheat. Peanuts, fish, shellfish, and nuts usually cause the most severe reactions.

Peanut allergies are increasingly common, and this is especially important in school-age children because peanuts are in so many foods. It is not just the peanut itself that can cause the allergy but also peanut oil, peanut sauce, and anything that contains peanuts. Peanut oil is so commonly used that it may be one of the ingredients in your food, so check labels. Peanut allergies are usually so severe that if a pot had peanut oil in it prior to your use, a reaction may occur. Peanut allergies are very common, and the reactions tend to be the most severe. Peanuts are responsible for 63 percent of all food-allergy-related deaths.

For this type of severe food allergy, I recommend three things:

1. *Prepare for an emergency.* Should a situation arise where the allergy occurs, you and/or your child should know immediately what to do. In the case of a young child, let the school or sitter know exactly what to do and send written instructions with the child so there is no confusion.
2. *Very careful shopping.* Read food labels very carefully. Know what is in everything that you buy or that your child is buying at school or in a store. If you don't know what is in a particular item and the school or store can't tell you, do not buy it. Always carry a snack for yourself or your child in case there is nothing else available. This especially holds true for airline travel. Never get caught unprepared.
3. *Carry an Epi-pen.* This is a disposable cartridge that carries the drug epinephrine. Learn how to use it, and teach anyone, including your child, in its proper use. This is something you get a prescription for from your doctor.

Diagnosing Your Allergies

Since allergies play such a significant role in lost productivity, increased healthcare costs, and simply making your life miserable, it is important to determine which allergens are responsible for specific diseases, so the proper medical decisions can be made. Allergy testing has serious limitations, and the diagnosis of an allergy to a specific allergen cannot be made on the basis of testing alone. Your history is just as critical to the diagnosis. The basic conventional forms of

allergy testing include percutaneous testing, intradermal testing, in vitro antibody testing, and delayed hypersensitivity testing.

Percutaneous Testing

This is the skin prick testing most of us are familiar with. The basic mechanism behind skin testing is the interaction of the injected allergen with specific IgE antibodies on the surface of your skin mast cells. This injection will trigger the release of histamine and the formation of a wheal and flare at the site. A wheal is the swelling you see; a flare is the redness. This reaction usually will occur within fifteen minutes after the allergen is introduced. This test remains the primary diagnostic procedure to determine the cause of allergies in this country.

Most practitioners perform this test on the back of the forearm, the upper arm, or the upper back. The upper back is by far the most sensitive but is not used as often. Certain guidelines should be followed to ensure that the test is done properly. For example, each allergen must be a certain distance apart, never done near the wrist or the elbow, and skin testing should never be performed on sites of active skin flare-ups such as dermatitis or hives.

Your doctor should use both positive and negative controls. A negative control tests the diluent that the allergen is in, to make sure you are not allergic to that rather than to the allergen. A positive control is usually histamine itself, to ensure that your body's immune system is giving an adequate response.

The prick test can be performed in patients as young as one month of age, although this is quite rarely done. Allergen skin reactions start to decline in adults after one's twenties, due to decreased skin reactivity to histamine and lower IgE levels. Therefore, if you are older than this when this test is done, you may get many false negative results.

This test is also limited because it measures only a clinically immediate IgE hypersensitivity. If you do not have an IgE-mediated allergy, the test will be negative, and your doctor will tell you that you are not allergic to a certain substance. The test is also dependent on the person performing the test. Such factors as the exact amount of allergen used, the depth and force of the needle, the duration of force, the angle of application, and the stability of the allergen extracts are all variables that can cloud interpretation of the test.

Use of antihistamines should be stopped twenty-four to seventy-two hours prior to taking these tests; use of tricyclic antidepressants and benzodiazepines (Valium and similar substances) need to be stopped for seven to fourteen days beforehand; use of systemic corticosteroids and topical steroids should be stopped up to three weeks prior to any testing. It is believed that nonsteroidal medications such as ibuprofen do not interfere, but I always advise my patients to stop use of these as well. You do not want anything to interfere with the accuracy of your test results. It is better to get a proper test result than one that does not give you the correct information.

Intradermal Testing

This is used when skin prick testing is not deemed sensitive enough to detect the cause of an allergic reaction. This is usually what happens when a patient tests negative on a prick test but has a strong clinical history of symptoms triggered by exposure to a specific allergen. This should also be used in patients for whom skin prick testing is not valid, as in anyone over thirty. However, skin prick testing usually is done first, to avoid a systemic allergic reaction, which may be quite serious.

Intradermal testing is performed through injection of an allergen extract that is diluted a hundred to a thousand times of what would be given in a skin prick test. It is injected into the back of the forearm or on the upper arm. Swelling occurs immediately; changes in the size of the swelling and the redness are measured after twenty minutes.

This test also has limitations because small positive reactions may actually not be reactions, and positive and negative controls must be used so the test is interpreted properly. Despite their many drawbacks, percutaneous testing and interdermal testing are the most widely used conventional allergy tests.

In Vitro Antibody Testing

The first test of this kind was the RAST (radioallergosorbent test). It is a simple blood test that measures the amount of IgE that binds to a specific allergen versus the amount of IgE that doesn't. This test can be used in patients for whom skin testing cannot be performed, such as those who cannot stop taking their medications, those with severe

skin conditions, and those who have near-fatal reactions to certain offending substances.

The main disadvantage of this type of test is that there is no uniform method for reporting results, making separate tests not comparable to each other and difficult to use in clinical practice with any certainty. I hardly ever recommend this test because of its lack of useful information.

Delayed Hypersensitivity Testing

Whereas skin prick tests measure IgE immediate hypersensitivity responses, delayed hypersensitivity testing uses patches to measure type 4 delayed hypersensitivity. A clinical example of this involves contact dermatitis. The antigens that cause this type of reaction are found in cosmetics, jewelry, household cleansers, and similar products, as opposed to pollens and foods.

This test is performed by applying various materials to an absorbent pad, which is then placed on your skin, usually your back. The site is then checked at forty-eight and at seventy-two hours after application. A positive response is characterized by redness and swelling. Most of us have taken a test like this such as for tuberculosis—a PPD.

Is Conventional Testing Important?

Conventional testing of allergies remains an important part of any workup in a patient. Most of my patients have already been tested before they come to see me. I just review the testing to ensure that they have been tested correctly. Allergy testing can confirm a reaction to clinically suspected allergens.

If you do undergo allergy testing—and I highly recommend that you do—here are the main points to keep in mind:

1. Percutaneous testing should be done first.
2. Intradermal testing should be done on anyone over thirty or on anyone who tested negative to the percutaneous test, especially if the allergen is highly suspicious.
3. Percutaneous and intradermal testing must be performed and interpreted by an experienced practitioner.

4. In vitro antibody testing (RAST) gives little useful information, so I recommend that you not have it done.
5. If something tests positive, then do everything you can to avoid it—even if it means drastic changes in your life.

Despite their importance in helping to diagnose your problem, these conventional tests usually show positive for the same things in most patients: molds, dust, grasses, pollens, and cats. I would say that most of my patients have had these tests and have been found to be positive to at least one of those five things. That information never did them any good.

While it is true that most of us are allergic to these things, there is something missing in the diagnostic process. I have seen too many patients who eliminate these things from their environment, and still suffer. I believe I have found why this occurs, and that is what this book is about.

Allergens and Asthma

There are many allergens that need to be recognized, and their elimination needs to be addressed for you to feel as good as you want to feel. You will be shocked by how many environmental triggers I am going to mention. Since allergies and asthma are so closely related, I will discuss the long list of allergens in the next chapter.