

## Food Allergy

<b>FAMILY HISTORY OF</b>	Hay fever, eczema or asthma
<b>WHO IS AFFECTED?</b>	<ul style="list-style-type: none"> <li>♥ Most likely to affect <b>babies and young children</b> because of their underdeveloped immune system.</li> </ul>
<b>HOW COMMON?</b>	<ul style="list-style-type: none"> <li>♥ Food allergies are less common than popularly believed — affecting up to 8% of babies under 12 months, 3% of children under five, and less than 1% of adults. (Source: <a href="http://www.fedup.com">www.fedup.com</a>)</li> <li>♥ According to the Allergy Society of South Africa, it is estimated that only between 2% and 5% of the general population suffers from a definite food allergy.</li> </ul>
<b>THE CULPRITS?</b>	<ul style="list-style-type: none"> <li>♥ An allergy is produced by a combination of inherited susceptibility and frequency or extent of exposure. (So common allergens vary from country to country and culture to culture.)</li> <li>♥ Globally, <b>the eight most common allergens are:</b> cow's milk, soy foods, hen's eggs, peanuts, fish, crustacean shellfish, tree nuts (including cashews, almonds, walnuts, pecans, pistachios, Brazil nuts, hazelnuts, and chestnuts), wheat.</li> <li>♥ Special mention must also be made of: sesame seed, mustard seed, celery, buckwheat, and lupin.</li> <li>♥ Allergies to peanut and fish are the most likely to last throughout life and an allergy to peanuts is the most likely to be life-threatening.</li> </ul>
<b>TIMING</b>	<ul style="list-style-type: none"> <li>♥ Allergic reactions can be immediate (within minutes to two hours) or delayed (hours to days after eating the trigger).</li> <li>♥ Typically they are quick — occurring within 30 minutes and are often easy to identify.</li> </ul>
<b>DOSE</b>	Reaction can be to the smallest amount of the particular allergen.
<b>SYMPTOMS</b>	<ul style="list-style-type: none"> <li>♥ Sudden loose, diarrhoea stools and/or vomiting</li> <li>♥ Sudden rashes on the skin and bottom</li> <li>♥ Runny nose</li> <li>♥ Hives</li> <li>♥ Irritability and/or gassiness or colic after a new food/meal</li> <li>♥ Breathing or other respiratory troubles after a new food/meal</li> <li>♥ Swelling of the face, lips and/or tongue</li> <li>♥ Closure or tightening of the throat</li> <li>♥ In the most severe of the allergic disorders, anaphylaxis can lead to collapse and death</li> </ul>
<b>DIAGNOSIS</b>	Can be diagnosed with skin prick tests or blood tests.
<b>TREATMENT</b>	Avoidance with regular testing in the case of babies and children who may grow out of it.

## Food Intolerance

<b>FAMILY HISTORY OF</b>	Migraine, irritable bowel symptoms, behaviour problems
<b>WHO IS AFFECTED?</b>	<ul style="list-style-type: none"> <li>♥ Children (they consume a higher dose of food chemicals per body weight than adults and their digestive and detoxification systems are also underdeveloped).</li> <li>♥ Women of childbearing age (hormonal influence)</li> <li>♥ Senior citizens (ageing livers and kidneys are slower to eliminate chemicals from the body)</li> <li>♥ Any age group exposed to toxic chemicals, pharmaceutical drugs or illness</li> </ul>
<b>HOW COMMON?</b>	<ul style="list-style-type: none"> <li>♥ Much more common than food allergies and increasingly so (additives continue to increase in our food supply every year). We can expect more and more people to be affected... especially children.</li> <li>♥ Affects babies (through breast milk), children and adults</li> <li>♥ Effects are related to dose (so in theory, everyone will react if the dose is high enough).</li> <li>♥ People most likely to be affected by food chemicals are: <ul style="list-style-type: none"> <li>♥ Those who are most sensitive</li> <li>♥ Those who consume the highest doses</li> </ul> </li> </ul>
<b>THE CULPRITS?</b>	<p>The food chemicals most likely to cause problems are:</p> <ul style="list-style-type: none"> <li>♥ Artificial colours</li> <li>♥ Natural colour annatto</li> <li>♥ Preservatives</li> <li>♥ Flavour enhancers</li> <li>♥ Salicylates (naturally occurring in food)</li> <li>♥ Amines (naturally occurring in food)</li> </ul>
<b>TIMING</b>	Food intolerance reactions can be delayed for up to 48 hours or more, or effects can be cumulative. For instance, children rarely react to the preservative in one slice of commercial bread, but if they eat that bread every day the effects can build up over a month and fluctuate with no obvious cause. This makes intolerance reactions difficult to identify – it's only by the absence of symptoms after the trigger food is removed that one makes the link.
<b>DOSE</b>	Reaction is dose-related with some people being more sensitive than others.
<b>SYMPTOMS</b>	<p>Can be the same as allergy reactions, as well as:</p> <ul style="list-style-type: none"> <li>♥ Skin - rashes, swelling</li> <li>♥ Airways - asthma, stuffy or runny nose, frequent colds and infections</li> <li>♥ Gastrointestinal tract - irritable bowel symptoms, colic, bloating, diarrhoea, vomiting, frequent mouth ulcers, reflux, bedwetting, 'sneaky poos', 'sticky poos'</li> <li>♥ Central nervous system - migraines, headaches, anxiety, depression, lethargy, impairment of memory and concentration, panic attacks, irritability, restlessness, inattention, sleep disturbance, restless legs, mood swings, PMT</li> </ul> <p>Symptoms of food intolerance can come and go and change throughout life.</p>
<b>DIAGNOSIS</b>	No laboratory tests (since the immune system is not involved). The only way to diagnose is by an elimination diet.
<b>TREATMENT</b>	An elimination diet, followed by gradual reintroduction of common trigger foods to identify the culprits, and determine tolerance levels. Avoidance of trigger foods or staying below your personal 'limit'. Healing and sealing the gut lining and repopulating the gut with the ideal bacteria balance to reduce sensitivity.