

1. The role of hidden food allergy/intolerance in chronic disease

Gaby A R

Altern Med Rev 3:2, 1998

Found that the evidence suggests that identification and avoidance of allergenic foods can relieve a number of common and difficult-to-treat medical problems.

2. Allergy elimination diet as the most effective gallbladder diet

Breneman J C

Ann Allergy 26:83, 1968

Sixty nine patients with gallstones or post-cholecystectomy syndrome were placed on an elimination diet. Upon testing foods it was found that all the patients were relieved of their symptoms with improvement usually occurring in 3-5 days. Egg was the most frequent offender (93%), pork (64%) and onion (52%).

3. Foods, and food and drug combinations, responsible for head and neck pain Seltzer

S

Cephalalgia 2:2, 1982

The literature has been reviewed to uncover the existence of head and neck pain syndromes caused by foods. At least twenty five syndromes have been described. these include those induced by additives, alcohol, chocolate, coffee and tea, Tyramine containing foods, vitamins and minerals.

4. Food allergy or enterometabolic disorder?

Hunter J O

Lancet 338:8765 Aug 1991

The author argues that there are many well established illnesses involving food intolerance including milk intolerance due to a lack of the enzyme lactase, and problems with wheat due to an intolerance of gluten. The problems caused by these types of intolerance are usually resolved by avoiding the foods concerned. problems may also be caused by an imbalance in the intestinal bacteria in the gut and, again,

these will not show up as an allergy but nonetheless can cause debilitating problems for the patient.

5. Colitis caused by food allergy in infants

Hill S M et al J

Archives of Disease in Childhood 65:1 Jan 1990

The authors identify food allergy as one major cause of colitis in children which may become a life long problem leading to more serious conditions or resolve spontaneously.

6. Food allergy and intolerance

Lanfranchi R G et al

J of Chiropractic 27:1 Jan 1990

Symptoms arising as a result of food intolerance can be triggered by a lack of a necessary enzyme (lactase in the case of milk), decrease in immune functioning, nutritional problems, emotional stress, environmental pollutants and others. The author describes some food ingredients that have been thought to commonly cause reactions including Monosodium Glutamate and Tartrazine.

7. Milk, eggs and peanuts: Food allergies in children

Anderson J A

Am Family Physician 56:5 Oct 1997

Reviews the extent and possible severity of food allergies in children. Identifies milk, eggs and peanuts as the foods most likely to cause allergic reactions.

8. Natural foodborne intoxicants

Morgan M R A et al

Lancet 336:8729, 1990

Whilst concern is usually over artificial additives, natural toxicants can cause many problems. Fresh fruit and vegetables contain over 500,000 different natural compounds that produce flavour, texture, appearance and nutrient content. An

important consideration in assessing the risk to an individual from any component of food is the quantity of the food consumed and how often it is eaten.

9. Caffeine restriction as initial treatment for breast pain

Russell L C

Nurse Pract 14:2, 1989

138 patients with symptoms of fibrocystic breast disease including breast pain were advised to abstain or reduce their caffeine intake. After one year, 81.9% had reduced their caffeine intake substantially and 61% of these reported a decrease or absence of breast pain.

10. Zinc and diet for tinnitus

DeBartolo H M Jr

American Journal of Otology 10:3, 1989

Over a period of twelve years they identified that some individuals are sensitive to salicylates and have improved or relieved tinnitus with a salicylate free diet.

11. Psychobiological effects of carbohydrates

Spring B et al

Journal of Clinical Psychiatry 50 Supplement, 1989

In an experimental study, seven women were tested with high carbohydrate/low protein and high protein/low carbohydrate diets. It was found that the high carbohydrate diet significantly increased fatigue which could not be attributed to hypoglycaemia as plasma glucose remained elevated.

12. Migraine: A biochemical headache?

Crook M

Biochemical Soc Trans 9:4, 1981

It was found that blood serotonin may provoke migraine. In the diet, serotonin is derived from tryptophan therefore a low tryptophan diet may be beneficial.

13. Foods and additives are common causes of the attention deficit hyperactive disorder

Boris M et al

Ann Allergy 72:5, 1994

This study found that dietary factors may play a significant role in the condition of the majority of children with ADHD. Of the children tested, 73% responded favourably to an elimination diet. The children reacted to various foods, dyes and preservatives.

14. Salicylates in foods Swain A et al

J of the American Dietetic Ass. Vol 85, Aug 1985

Brief literature review of links between salicylates and hyperactivity, asthma and urticaria. Full analysis of salicylate content of various foods.

15. Do dietary lectins cause disease?

Fred D L J

British Medical Journal 1999

Explores the role that dietary lectins play in the development and course of various conditions including coeliac disease, rheumatoid arthritis and diabetes.

16. Psoriasis and diet

Douglas J M

Calif Med 133:5, 1980

Reported that patients taking part in this study improved after eliminating certain foods. The foods varied from individual to individual but included citrus fruits, nuts, corn and milk. Others noticed improvement when eating a diet low in acidic foods such as coffee, tomatoes, soda and pineapple.

17. Biogenic amines in foods: histamine and food processing

Bodmer S et al

Inflamm Research 48, 199

Biogenic amines, such as histamine, occur in many different foods. At high

concentrations they can cause problems for people who are sensitive and lead to food intolerance.

18. Additives and chronic urticaria

Juhlin L

Ann Allergy 59:5, 1987

This review article concludes that, in patients with chronic urticaria, adverse reactions to food additives are worth exploring using elimination diets and double-blind testing.

19. Diet and atopic dermatitis

Hanifin J M et al

Western J of Med 151:6, 1989

Atopic dermatitis, a skin disease marked by severe itching, can be caused by allergies to certain foods with reactions occurring up to four days after the allergen has been consumed. Most common culprits were eggs, milk, peanuts, seafood, wheat and soya. It is possible that 10 to 20% of children and 10% of adults have eczema that is aggravated by food.

20. Additive allergy: gastroenteritis due to yellow dye #6

Gross P A et al

Ann of Internal Med 111:1, 1989

Case study of an individual who was hospitalised four times over two years with severe abdominal cramps. Using an elimination diet several foods were identified as causing the problem - the common factor between them all was the colour Sunset yellow. The authors advise that, when analysing foods which may cause allergies, all the additives in processed foods and drugs should be considered.

21. Masked food allergy as a factor in the development and persistence of obesity

Randolph T G

Abstract J Lab Clinical Med 32: 1947

22. Inflammatory bowel disease and food intolerance
Hodgson H J F
Journal Coll Physicians 20:1, 1986
23. Hereditary fructose intolerance in the vomiting infant
Edstrom C S
Pediatrics 85:4, 1990
24. Effect of caffeine intake on psychotic in-patients
Zaslove M O et al
British J of Psyc 159, 1991
25. A diet free from additives in the management of allergic disease
Freedman B J
Clin Allergy 7, 1977
26. May emotional reactions be precipitated by allergens?
Mandell M
Connecticut Med 32, 1968
27. Restless legs, anxiety and caffeinism
Lutz E G
J Clinical Psychiatry 1978
28. Food allergy due to sensitivity to kiwi
Joral A et al
Allergy 47, 1992
29. Food additives from the legume family: A potential allergy risk
Yman L et al
Allergy, 1988

30. Foods and respiratory allergy
Novembre E et al
J Allergy Clin Immunol 81, 1988
31. Allergy to apple, carrot and potato in children with birch pollen allergy
Dreborg S et al
Allergy 38, 1983
32. Immunological and respiratory findings in spice-factory workers
Zuskin E et al
Environ Research 47, 1988
33. Alcohol, amines and alkaloids: a possible biochemical basis for alcohol addiction
Davis V E et al
Science 167, 1970
34. Relapsed schizophrenics: more rapid improvement on a milk and cereal free diet
Dohan F C et al
Br J of Psychiatry 115, 1969
35. Neuropharmacological evaluation of movement disorders that are adverse reactions to specific foods.
Gerrard J W et al
Allerg Immunol (Paris) 30:1, 1998
36. Sulfités in foods: Uses, analytical methods, residues, fate, exposure assessment, metabolism, toxicity, and hypersensitivity.
Taylor S L et al
Adv. Food Res. 30, 1986
37. Gluten, milk proteins and autism: Dietary intervention affects on behaviour and peptide secretion

Reichelt K L et al

J Applied Nutrition 42:1, 1990

38. Nutritional influences on aggressive behaviour

Werbach M R

J Orthomolecular Med 7:1, 1995

39. Coeliac disease

Conleth F

BMJ Clinical rev 319, 1999

40. Peanuts: allergic and other untoward reactions

Fries J M

Ann Allergy 59, 1987

41. Adverse reactions to foods and their relationships to skin diseases in children

Lemanske R F et al

Adv Pediatr 35, 1988

42. Milk protein-free diet for non seasonal asthma and migraine in lactase deficient patients

Ratner D et al

Is J Medical Science 19, 1983

43. Multiple sclerosis and possible relationship to cocoa: A hypothesis

Mass A G

Ann Allergy 59, 1987

44. Modification of rheumatic symptoms by diet and drugs

Merry P et al

Proc Nutrition Soc 48, 1989

45. Salicylates, oligoantigenic diets and behaviour
Swain A et al
Lancet 2, 1985

46. Cancer risk of heterocyclic amines in cooked foods: an analysis and implications for research
Layton D W et al
Carcinogenesis 16:1, 1995

47. Anxiety and depression associated with caffeinism among psychiatric patients
Greden J F
American J Psychiatry 135, 1978

48. Gastrointestinal allergy to food: a review
Ahmed T et al
J Diarrhoel Dis Res 15:4, 1997

49. Adverse reactions to food and food allergy in young children in Iceland and Sweden
Sigurdsson J S et al
Scand J prim Health Care 17:1, 1999

50. Toxicological data needed for safety evaluation and regulation on inherent plant toxins
Speijers G J
Nat Toxs 3:4, 1995

From www.foodcanmakeyouill.co.uk

