MILLHOUSE INTEGRATIVE MEDICAL CENTRE NEWSLETTER
JULY 2012

Hi to everyone in the Millhouse Community

We are now halfway through the year and television headlines report a virulent strain of Influenza A causing increased admissions of people with respiratory infections to hospital medical wards.

Did you get your FLU vaccination, which contains the influenza A strain, this year? There are still vaccines available at Millhouse.

A reminder that **WINTER = LESS SUN = LOW VITAMIN D = MORE COLDS & FLU**.

Remember to supplement with Vitamin D. Adults need ***cholecalciferol 50,000 units*** 2 weekly in winter and ***oral drops*** are available for children at Millhouse reception.

Influenza is an RNA virus which can be inhibited by ***selenium***. So 200 micrograms daily or 4-5 ***brazil nuts,*** which also contain selenium, may also be beneficial to ward off the virus. Garlic also is high in selenium and contains natural antibiotics; odourless ***Kyolic*** garlic is worth considering.

Nurse Clinics: Remember that cervical smears are available with Kate and Vilya. Rhiannon is continuing her 'Diabetic Conversations' with newly-diagnosed diabetics and for any others wanting more information on self-management of this condition. I highly recommend these sessions to you.

Doctors: With much sadness I inform you that Dr Therese is leaving after five years with us. She will be greatly missed by the many that experienced her caring concern and medical skill. However it is pleasing to report that ***Dr Stephanie Nam*** will begin in August.

Dr Stephanie is an Otago University Medical School graduate, fluent in English and Korean, and a qualified family practitioner with special interests in the health of children, women and elderly.

Books for Sale. 'Dr Gundry's Diet Evolution' is again in stock and 'The Inside Tract' is also available for those who wish to explore self-management of digestive disorders through integrating diet, nutrition, herbal and relaxation therapies.

PART TWO: In this newsletter I continue discussing food allergy and food intolerance and provide a simple strategy for recognizing and resolving food reactions.

In the last newsletter (June 2012 available at www.millhousemedical.co.nz) I mentioned that food reactions are complex and may be influenced by a number of factors including gut infection and antibiotics, which disturb the protective bowel bacteria leading to the difficulties of a leaky gut (increased bowel permeability). An individual's sensitivity to food, and their health status, as well as the amount eaten, and whether food is cooked or uncooked, will also influence a reaction. The gastrointestinal tract contains 70 percent of the body's immune system and I encourage anyone suffering from an autoimmune disease to explore possible adverse food reactions as a precipitating factor in these difficult-to-treat disorders.

Common Symptoms cause by Food Reactions

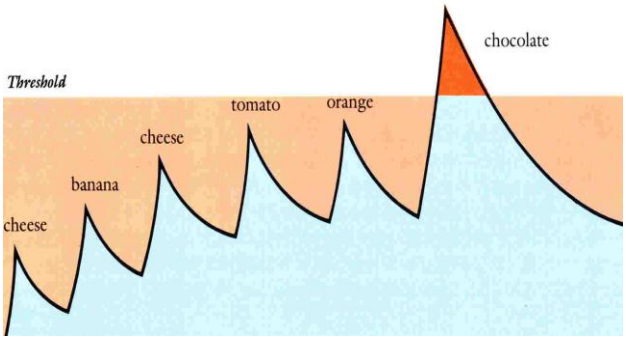
GUT associated
Abdominal pain & discomfort
Diarrhea with loose watery motions more than twice daily
Constipation, hard & frequent motions
Gas – belching, flatulence & bloating
Heartburn acid reflux – burning sensation in upper abdomen & chest
Nausea, vomiting, feeling lousy eating or after food

NON–GUT associated
Nasal congestion, sinus, hoarseness, asthma & cough
Tiredness & fatigue
Joint & muscle pains
Migraines & headaches
Poor sleep, restless legs
Skin lesions, eczema, rashes & hives
Sore mouth, mouth ulcers & weight loss

Step 1. *What are the symptoms caused by food reactions?*

The table opposite lists common symptoms that may be caused by food reactions. Note: If you experience severe or persisting symptoms please explore these with your doctor as they may indicate a more serious problem that needs investigation and treatment.

Food reactions may begin immediately, as with acute peanut allergy, or develop over hours or days until an adverse response occurs. In amine and salicylate sensitivity, the chemical gradually accumulates in the body till a threshold is reached precipitating a reaction (see diagram). Similarly, the simple sugars eaten, like milk lactose or fruit fructose, incrementally feed gut bacterial fermentation, which determines the amount of gas produced and leads to abdominal bloating and discomfort.



It is not uncommon to find food reactions in the same family, suggesting an hereditary connection, so ask your relatives what they react to.

Step 2. *How do you find out what food you react to?*

Check the table in the June newsletter which summarizes the symptoms associated with specific food reactions.

Make a list of the symptoms you experience.

Are they worse with certain foods? Do they occur at meal times or after eating? Are your symptoms made worse with other factors like stress or weather changes?

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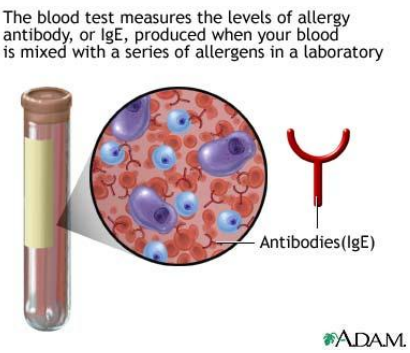
Make a list of any suspect foods. Remember the common foods cause the most reactions.

Decide whether your symptoms are **mild** and of nuisance value, **moderate** causing bothersome adverse responses or **severe** requiring medical attention.

Step 3. *How to go about testing for possible food reactions?*

Severe food reactions. If you have had an acute allergic response with skin rash, swelling, breathing difficulty or an anaphylactic reaction, ask your doctor to perform a blood ***RAST*** (RadioAllergoSorbent Test) and ***IGE*** test to determine what the food trigger might be. If the acute reaction is not life-threatening a less-costly ***Skin Prick*** test is preferred. RAST testing is easier for babies and small children and more appropriate for any on antihistamine medication who have severe reactions.



All people suspected of having a food reaction should have a blood ***transglutaminase antibody*** test which screens for ***coeliac disease,*** a condition that affects 1 in 100 people. Do not remove wheat and other gluten foods from the diet before the test is done, as that may lead to a negative result.

In all other situations consider undertaking an Elimination Diet to determine adverse food reactions. Keep a journal of your progress as you move through the diet restriction phase and individual food challenges.

1. Initially make a list of all the foods you eat and put the most likely reacting culprits* on the top.
2. Decide whether to eliminate a few foods at a time, or groups of possible offending foods; alternatively eat only a low-reactive food diet. This is a difficult task so don't be too restrictive on yourself.
3. Remove the foods to be avoided from the kitchen. Read food labels carefully to identify suspect food contaminants and prefer whole organic foods if at all possible at this time.
4. Eliminate foods for two weeks, and if there is no change in symptoms, continue the diet for another two weeks. At the end of this period if there is no improvement persist for another two weeks.
   i.e 2 weeks+ 2weeks + 2 weeks.
5. Diet progress. The first days are the most difficult and withdrawal symptoms may be experienced. Once all symptoms have ceased, eliminated foods can be carefully reintroduced.
6. Food challenge. Introduce one food at time but not foods known to cause *anaphylactic reactions.*
   Start in the morning, placing the test-food in the mouth for 30 seconds, then remove and observe for 30 minutes for any adverse effects. Following this, chew and swallow the test-food and repeat this at least three times during the day.
   If no reaction occurs you are probably not reacting to the food. However if an adverse response occurs, wait for the symptoms to pass, which may take up to a few days, before challenging with another food.
   After testing you may wish to withdraw the reacting food again and re-challenge to be sure.
7. If a significant food reaction occurs take 1/2-1tsp of baking soda (sodium bicarbonate) in warm water which will help neutralise a gut reaction.
8. New Diet. Remove all reacting foods and consume a variety of foods (rotation diet) rather than eating the same foods all the time. Reacting foods may not have to be eliminated for ever and can be re-tested in 4-6 months.

****Most likely reactive foods:***

Foods with chemicals - salicylates**, amines**, food preservatives & colorings.

Foods (sugars) causing gut fermentation - lactose, fructose, fructans, galactans, polyols. See FODMAP exclusion diet or Specific Carbohydrate Diet**.

Common foods – milk**, eggs, wheat & gluten, corn, peanuts, shellfish, common FODMAP foods (milk, fruit, wheat, beans, peas, lentils and sweeteners) alcohol & coffee.

** See Millhouse website for information sheets.

Other forms of food testing include *IgG4 slow food antibody* testing where blood is sent to Australia or USA Labs for analysis. This is an expensive test with varying consistency demonstrated by comparison tests on divided blood specimens sent to different Labs.

Hair (bioenergetic) testing is offered by some naturopaths to provide a clue on food reactions and indicate where to begin an exclusion diet I have not seen evidence of its reliability and consistency. The ELIMINATION DIET and CHALLENGE remains the GOLD STANDARD for confirming food reactions.

The following books are worth reading:

The Inside Tract by Dr Gerald Mullins & Kathleen Swift. A practical, informative and easy to read book on digestive disorders including food allergy and intolerance. Available for purchase at 128 Millhouse reception.

Royal Prince Albert Hospital (RPAH) Elimination Diet Handbook is informative, and well illustrated with practical advice to explore food elimination. I thoroughly recommend this to you and also suggest you explore the resources on the RPPAH website.

International order form is available at http://www.sswahs.nsw.gov.au/rpa/allergy/resources/foodintol/handbook.cfm

A comprehensive Elimination Diet can be found at:
http://www.functionalmedicine.org/content_management/files/ifm_Comp_Elim_Diet_091503.pdf

Yours in good health

Dr Richard J. Coleman.