

Allergies are widespread among the population, however many people are unaware of the impact that allergies can have on over well being. People frequently have the misconception that they “outgrew” their allergies. It’s not unusual for the allergic person to have their first line defenses overwhelmed and no longer have those symptoms (sneezing, congestion, itch eyes, etc) associated with the allergic problem. Their allergic problems are now affecting them at a much deeper level, resulting in tiredness, depression, trouble concentrating and a host of other difficulties.

ALLERGIES - Treatment in Our Office

GENERAL INFORMATION

Before you begin allergy care, you should know a little about the disease.

Allergy is a built-in physical defect in which the body reacts abnormally to certain substances. It is easier to understand it if we consider it as your normal immune mechanism working too actively and trying to defend the body against things that are really no threat. Allergy may appear at any time of life, from birth to advanced old age. Sometimes it comes on slowly, but often it appears after the body has been severely strained: a bad case of the flu, a major operation, having a baby, etc. Do not think of these problems as having caused the allergy; it was there waiting to appear. The stress simply triggered the changes. Sometimes the symptoms will subside under allergic treatment and for several years no treatment is required, but we cannot tell in advance who will have this improvement and it is better to consider allergy as requiring care indefinitely if symptoms are to be controlled.

One other aspect of allergy you should know about – if you are exposed repeatedly to something that commonly produces allergic problems, you generally will become allergic to it. If you are away from it long enough, it will be less and less likely to bother you. This is why an allergic person should not buy the most allergic pet, a cat, and also why changes in climate help for awhile, but not for very long. It can be seen from this that there is quite a tendency for allergic problems to fluctuate. This is what has led to the popular belief that allergic children outgrow their problem. It rarely happens although the symptoms may change or improve for awhile. This is also why every allergic person, no matter how good his allergic control has been, will from time to time have a chemical change in his body and require re-testing. This does not mean something has gone wrong. Like a car, the body is a group of wearing and changing parts and from time to time must be readjusted.

It is also important to understand that very often when people talk of having outgrown allergies, what has really happened is that the first line of defense has stopped working so people no longer get the itchy eyes, runny nose, sneezing reactions, but instead the allergen gets past the mucous membrane and into the circulation and causes much more serious problems. Anything from arthritis to problems with energy or mood can result. It is not at all uncommon to find that people who have had serious psychiatric illnesses in early adulthood have had allergies as a teenager, which they thought they outgrew, but, in fact, were the underlying cause of the problem.

TESTING AND TREATMENT

Here in this office we have found that only a very precise method of measurement, known as the **serial dilution intradermal titration technique**, gives results which can be used in the sensitive person. We have testing available for foods, molds and inhalants. Many people who have allergies are food allergic and need to get neutralized to control anything from cravings to serious reactions. The method itself involves starting with a small amount of the allergenic substance in question and then injecting it into the skin. Each test resembles a mosquito bite. In about 10 minutes a positive reaction would grow and appear raised. A negative reaction would shrink or remain unchanged. After the testing which determines the approximate dose needed to neutralize the offending allergens; these shots are given on a twice-weekly basis. Because we've measured a very precise dosage, these shots can be very safely given at home and the patient or a member of the family is instructed in the correct method of injection.

Because the treatment vial contains neutralizing doses to the main allergens, the person should start feeling relief as they take the shots regularly. There are both immediate reductions of symptoms as well as the long-term build up of greater resistance to the allergy. It is usually necessary in around 6 month's time to check and see if endpoints are the same.

Remember this is a general picture and will not apply to everyone. Since people vary, we cannot give an exact pattern, nor can we or anyone else guarantee successful results. We will continue to offer what we feel is the best treatment available and to do everything possible to deliver comfort together with a treatment pattern that can be lived with. Please feel free to bring up any questions as they arise.

INTRADERMAL PROVOCATIVE TESTING

Intradermal provocative testing bears a vague resemblance to the allergy "scratch" tests usually associated with classical allergies. In the scratch test, the allergist makes a series of ten to twenty tiny scratches along a patient's back or arm and places a small amount of a different allergen – an extract of whatever he suspects the patient is allergic to – in each scratch. (He may instead inject the allergens directly into the skin). After twenty minutes the allergist examines the scratches for signs of reddening and swelling, indications that the patient is reacting allergically.

The scratch test is effective at determining which inhalants (such as grasses, pollens and molds) are causing common allergic diseases such as hay fever, asthma and eczema. But it is not nearly as effective in uncovering food allergies. Fortunately its close cousin, the intradermal provocative test, is more reliable.

The intradermal provocative test, which is actually a modification of the scratch test, was introduced in the 1930's. At that time allergists had been using the scratch test as an aid in devising vaccines that could help desensitize their patients against the cause of their allergies. Unfortunately, making those vaccines involved a degree of guesswork. Dr. Herbert Rinkel (who had stumbled onto his own sensitivity to eggs a short time before) found a way to reduce the arbitrariness involved in making up these vaccines.

While other allergists would test for allergies by injecting a single concentration of approximately twenty allergens at different sites, Rinkel worked with only one allergen at a time, injecting as many as nine different concentrations (dilutions) of that allergen, each with succeeding one only one-fifth as strong as before. He would then examine his patient for changes caused by the different dilutions.

During his experiments Rinkel paid particular attention to the wheals – the small, raised mound of skin – left by the injections. He noticed that the wheals left by some dilutions didn't change, while others actually grew larger after the injections. This indicated that the body was secreting a fluid into the area – a clear sign of an allergic reaction. The swelling of the wheals increased in proportion to the concentration he was using.

By studying this whealing response, Rinkel was able to come up with a method for determining accurate desensitizing doses, doses that depended no longer on guesswork but on a reading of the exact point at which the wheals began to swell.

The Rinkel Dilution Titration Technique (as it is called) is still used today by some physicians to uncover allergies and to determine desensitizing doses. Rinkel tried his technique on foods as well as inhalants, but as late 1959 he was still unsuccessful. It remained up to a colleague of his, Dr. Carleton Lee, to discover how to detect and treat food allergies by modifying Rinkel's method.

INTRADERMAL PROVOCATIVE TESTING FOR FOODS

Dr. Lee found that by injecting certain dilutions of food allergens, he could provoke symptoms such as headaches, lethargy and runny noses in some of his patients. Then he discovered that if he tried different dilutions of the allergen that had provoked the symptoms, one of them could almost invariably turn off – or neutralize – the symptoms immediately.

Lee began to experiment with his new technique, including symptoms with one concentration and neutralizing them with the next. It soon became clear that this was something more than a

parlor trick, because his patients began to report that when they received a “neutralizing” dose, they could eat the offending foods for three or four days without developing any symptoms.

Lee soon found that if a patient entered his office while suffering from symptoms caused by a particular food, he could stop those symptoms within ten minutes simply by injecting a previously determined neutralizing dose. And he also learned that if he injected the same dose prophylactically – that is, before the symptoms occurred – he could actually prevent them from surfacing.

These experiments enable Lee to work out a number of guidelines for determining the neutralizing dose for a food. He described the symptoms that would appear when a dose was too strong or too weak. He suggested that clinicians could actually base their estimates of neutralizing doses on objective observations of changes in the patient (increased pulse rate, change in color, increased sweating) and the subjective responses of the patient himself (headaches, tension, feelings of restlessness or irritability). And, because his conclusions were based on responses to a single food, he recommend testing one dilution of one food at a time, with a ten-minute period of observation between the injections.

In 1965 Dr. Joseph Miller, a classically trained allergist from Mobile, Alabama, began to work with the methods devised by Rinkel and Lee. By combining their concepts and modifying their techniques, he devised an intradermal provocative test that would uncover food sensitivities not only by provoking and neutralizing symptoms, as Lee had done, but by establishing a correlation between the whealing response (the size of the wheals) and the concentration of the neutralizing dose, similar to Rinkel’s work with inhalants.

THE NEUTRALIZING DOSE

For every food to which you are sensitive there exists a specific concentration of that food that will not trigger a reaction, but will instead temporarily block the unusual symptoms caused by eating that food.

There are no sure explanations of how the neutralizing dose works. Some physicians believe that it may cause the body to release blocking anti-bodies, which can prevent the reaction that normally takes place. Others believe it follows a basic principle of homeopathic medicine – namely that like heals like. Homeopathic physicians believe that the symptoms are actually attempts on the part of the body to heal itself of a disease process. Consequently, when someone becomes ill, a homeopathic approach would be to prescribe a minute dose of a substance that could intensify the symptoms he already has and thus stimulate the body to heal itself.

How does this work in practice? Assume that you have been troubled by headaches. As a result of testing, you find that the headaches are caused by milk sensitivity. You know then that if you avoid milk and milk products, your headaches will probably disappear. However, there is one specific concentration of milk that not only will not produce a headache, but, if taken just before you eat any dairy products, will protect you from the headaches they would usually cause. This

specific concentration is called the neutralizing dose. (It is important to realize that there is no universal neutralizing dose. Two people with sensitivities to the same food may require different neutralizing doses of that food, depending on the degree of their sensitivity, their own personal body chemistry, and other factors.)

In a recently reported double-blind study, Dr. Joseph Miller demonstrated the effectiveness of neutralizing doses of food allergens. He first enlisted the aid of eight patients who had been suffering for years with symptoms such as migraine headaches, chronic diarrhea, mouth sores, abdominal cramps, nasal congestion, irritability and fatigue. Using his intradermal technique, Miller prepared a solution for each patient containing neutralizing doses of the offending foods. At the same time a placebo solution was prepared, which looked the same as the active solution but lacked the neutralizing doses. During the experiment, the patients were encouraged to eat all offending foods for which the neutralizing doses had been made. For a total of 80 days, broken down into four 20 days periods, these patients injected themselves under the skin once a day. For two of the four periods they injected the solution containing the neutralizing doses; for the other two they used the placebo. Neither the physician nor the patients had any idea which solution was being used during each period.

At the end of the experiment, when the code was broken, the results were dramatic. The symptoms of all eight patients greatly improved when they unknowingly injected the solution containing the neutralizing doses. On the other hand, the symptoms worsened during the periods when the placebo solution was injected.

A statistical analysis of this experiment revealed that results such as these could only occur by chance at the odds of two to a thousand. This indicates a high degree of statistical reliability.

THE TEST

Because the test involves injections of minute amounts of allergens, it must be performed in a physician's office. Once you and your physician have determined which foods should be tested, he will inject a dilution of one food extract and, after ten minutes, measure the wheal it leaves. The size of the wheal and the subjective or objective reaction you have (if any) determine the dilution he or she will inject next.

If there is a reaction, you have a sensitivity to that food. The physician will then inject different dilutions of that same food to determine the correct neutralizing dose.

When you have completed testing all the foods selected and have determined the necessary neutralizing doses, a vaccine of those doses can be made that will often stop or at least reduce your sensitivity reactions.

POSSIBLE DANGERS

When carried out properly, the intradermal provocative test is extremely safe. Just about the only people who should not undergo the test are severe asthmatics (during an attack or shortly thereafter) and persons with severe cardiovascular condition (involving heart failure). Diabetics have been tested successfully, as have pregnant women.

CHARACTERISTICS OF INTRADERMAL PROVOCATIVE TESTING

ADVANTAGES

1. The intradermal provocative test is an accurate method for determining the presence or absence of food sensitivities.
2. The test embodies a way of determining one form of treatment – the neutralizing dose.
3. Because of the whealing response, the test is effective even when the patient cannot or will not give accurate subjective responses to testing.
4. A modification of the method can be used to test certain environment chemicals and inhalants, in addition to foods.
5. In addition to creating a whealing response, the test can sometimes reproduce symptoms, which helps convince the patient of the relationship between the symptoms and the food.
6. The whealing response is relatively unaffected by environmental conditions.
7. For some patients the results of an objective test carry more weight and credibility than those of the more subjective tests.

DISADVANTAGES

1. The method is time-consuming.
2. The test is expensive, mainly because of the time, personnel and equipment needed to administer it.
3. Because it requires many separate injections, the test can be slightly uncomfortable. On the other hand, even most children have little trouble getting through a day of testing.

Sections of this article have been excerpted from:

THE FOOD CONNECTION “How the Things You Eat Affect the Way You Feel- and What You Can DO About It”.

David Sheinkin, M.D., Michael Schachter, M.D.; and Richard Hutton.

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