FOOD INTOLERANCE(IgG)

SCIENTIFIC ABSTRACTS
&
CASE STUDIES

PAEDIATRICS.....

Restricted Elimination diet for Children with Attention deficit/hyperactivity disorder (ADHD)

I Kaiser, L Overdick, N Blazynski, C Clement, K Schneider-Momm, H Clement, C Fleischhaker, E Schulz
Pharmacopsychiatry 2017; 50(05): 213-227

Results: 14 of 24 patients showed improvement upon dietary treatment with values between 27 – 82% on the ADHD Rating-Scale. The mean outcome of improvement of Responders is 51%. The follow-up showed a further fall on the ARS upon strict food recommendations.

Conclusions: Our study suggests, that restricted elimination diet reduces symptoms in children suffering ADHD and that individual food recommendations should be a valid therapeutic approach.

Investigation of 14 Food Allergen-Specific IgG Antibodies in 1299 Children

Ming-Jin Zhou, Yan Zhou, Min Zhang & Wei Gao.
International Journal of Food Properties, (2016), 19:1, 25-30

Results: The total positive rate for food allergen IgG antibodies was 99.9%. Of the 14 food allergens tested, sera most frequently tested positive for specific IgG antibodies for the following five food allergens, listed from the highest positive rate to the lowest: egg, milk, soybean, cod, and crab. The positive rates of allergen-specific IgG antibodies for milk, beef, chicken, pork, mushrooms, and eggs ($p < 0.05$) showed a statistically significant difference between the 0- to 3-year-old and 4- to 11-year-old groups

Conclusions: Food intolerance is prevalent in children.

Autism, An Extreme Challenge to Integrative Medicine. Part II: Medical Management

Parris M. Kidd, PhD
Alternative Medicine Review, Volume 7, Number 6, 2002

Results: Baker and Pangborn conducted two double-blind, placebo-diet controlled studies were conducted by using IgG ELISA testing in reliable laboratories. Both trials demonstrated significantly better symptom reduction in subjects avoiding IgG-reactive foods versus IgG nonreactive foods.

Case -02

Distended stomach

Billy Harvey, 10, Worthing, West Sussex
Uncomfortable bloated tummy dismissed as the result of overeating

But his mother Carla, who has two other children and has always been careful about Billy's diet, suspected that something else was to blame for his distended stomach, lack of energy, regular need to pass motions as much as four times a day and bouts of monthly diarrhoea.

"It was awful. Billy had been bullied at school for being on the heavy side and then I had to deal with the fall-out of him hearing his doctor saying that he was overweight too," says Carla. "The rest of us in the family are all quite slim and Billy ate no more than my elder son did at his age and did the same amount of exercise. He does not gorge himself on food, only eats crisps twice a week, never has fizzy drinks and only the occasional chocolate bar, and so I suspected that the problem might be a reaction he was having to certain food," she adds.

Billy's Food intolerance test was done results and Carla was relieved to discover that Billy's symptoms were after all likely to have been caused by a strong intolerance to dairy products and a less severe reaction to egg white and maize.

Immediately, Carla withdrew the offending food from Billy's diet and within two to three weeks his energy levels were up and he felt much happier in himself. "He used to have a short temper which was possibly down to the tiredness he was feeling," says Carla, "and instead of relaxing on the sofa he started to play more on his bike and the big trampoline we have in our garden", she adds. Six months down the line and his bloated stomach has gone and all of the playground teasing that came with it. At six stone, 13 pounds (Billy is four foot six inches in height), Billy has not lost weight, but many of his clothes are now loose on him. Added to this, he has had no diarrhoea under the new diet and has usually only passed motions twice a day.

Could it be food intolerance?

Case -01

Complaint of severe stomach pains and nausea

Ellie Lawrence, 9
an army of child psychiatrists, paediatricians', GPs, convinced "there was nothing wrong with her".

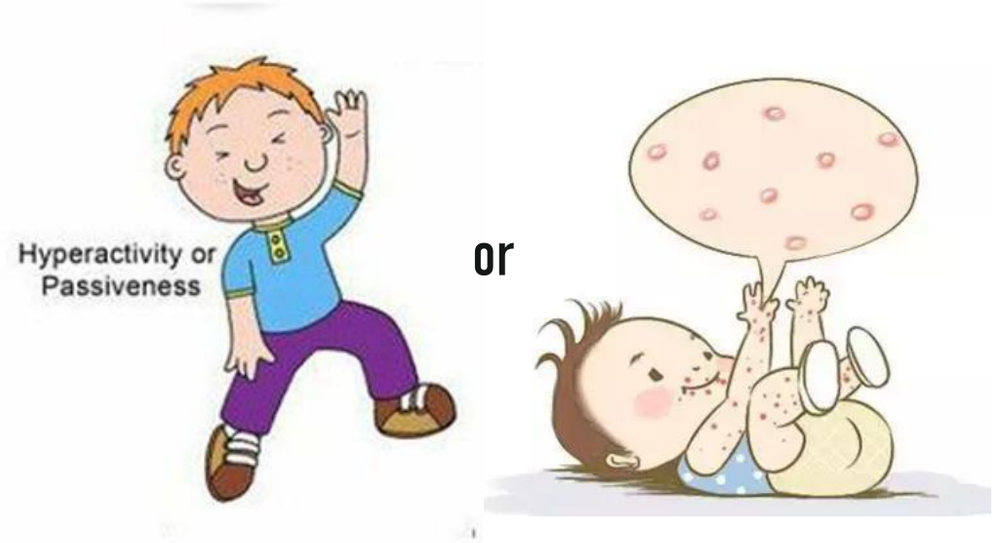
"It began one Sunday when Ellie started complaining of severe tummy pains. They were so bad that she rolled around the floor with her knees drawn up to her chest, screaming in pain."

The tummy pains continued, on a daily basis, for several weeks afterwards. After around two months of daily tummy pains, Ellie began to feel sick too. The symptoms seemed worse in the morning after Ellie's breakfast of cereal with milk.

"I took her to my usual GP, then another and another; in all I saw four different doctors – all said it was psychological and that I should not make a fuss and it would go away. At my insistence, the fourth GP referred Ellie to a paediatric gastroenterologist specialising in children's allergies that she saw for the first time in November 2007. This doctor advised an x-ray and abdominal ultrasound which were both clear. At this point, the paediatrician suggested that Ellie's condition had a "strong psychological element".

By spring 2008, Jane was at her wit's end and spent hours on the internet researching Ellie's symptoms and possible causes. In this way, she learnt that Ellie's pain and nausea could be linked to food intolerance. She bought a Food Intolerance test online from Cambridge Nutritional Sciences.

The results showed that Ellie was reacting to cow's milk, soya and eggs. "The effects of eliminating these foods from Ellie's diet were almost immediate," says Jane. "The nausea passed within hours, and the pains had completely gone after a week.



An Epidemiological Study of Food Intolerance in 2434 Children

Liu XJ, Zhu TT, Zeng R, Chang L, Li FY, Li WS, Jiang YM.
Zhongguo Dang Dai Er Ke Za Zhi. 2013 Jul;15(7):550-4..

Results: Among these children, positive rates of intolerance to milk and eggs were as high as 74.16% and 66.47% respectively, Among children with food intolerance involving single system, those with developmental abnormality or immune system disease had the highest overall positive rate of food intolerance. Children with double-system diseases had an overall positive rate of food intolerance as high as 13.393%.

Conclusions: Factors influencing food intolerance in children include food categories and age. There may be a relationship between food intolerance and disease of various systems, and this is significant to the growth and development of children.

Antibodies against food antigens in patients with autistic spectrum disorders.

de Magistris L, Picardi A, Siniscalco D, Riccio MP, et al.
Biomed Res Int. 2013;2013:729349

Results: AGA-IgG and DPG-IgG titers resulted to be higher in ASDs compared to controls and are only partially influenced by diet regimen. Casein IgG titers resulted to be more frequently and significantly higher in ASDs than in controls. Intestinal permeability was increased in 25.6% of ASDs compared to 2.3% of healthy children. Systemic antibodies production was not influenced by paired/impaired intestinal permeability.

Conclusions: Immune system of a subgroup of ASDs is triggered by gluten and casein; this could be related either to AGA, DPG, and Casein IgG elevated production or to impaired intestinal barrier function.

Manifestations of food protein induced gastrointestinal allergies presenting to a single tertiary paediatric gastroenterology unit

Rosan Meyer, Catharine Fleming et al
World Allergy Organization Journal 2013, 6:13

Results: Data from 437 children were analysis. The majority (67.7%) of children had an atopic family history and41.5% had atopic dermatitis at an early age. The most common diagnosis included, non-IgE mediated gastrointestinal food allergy (n = 189) and allergic enterocolitis (n = 154) with symptoms of: vomiting (57.8%), back-arching and screaming (50%), constipation (44.6%), diarrhoea (81%), abdominal pain (89.9%), abdominal bloating (73.9%) and rectal bleeding (38.5%). The majority of patients were initially managed with a milk, soy, egg and wheat free diet (41.7%). At a median age of 8 year.

Conclusions: This large retrospective study on children with food induced gastrointestinal allergies highlights the variety of symptoms and treatment modalities.

Food Intolerance & Autism

Hetemi L, Blyta A (2019) .
In J Biote Bioch: IJBB-106.

Results: More than 50 patients are involved in this research,100 % resulted positive for food intolerance. The most frequent intolerances resulted in about 90-95% of patients: The age of patients ranges from 5-9 yearswe learnt that one month after stopping the consumption of these foods, that were high intolerance, patients didn't have more clinical symptoms, and from their psychological side they looked more quiet.

Conclusions: This research verified the connection between: Autism and food intolerance, Zinc role in pancreas and his role in digestive enzyme, also verified from treatment-diet positive results, after the test.

Food allergy and infantile autism.

Lucarelli S, Frediani T, Zingoni AM, Ferruzzi F, Giardini O, Quintieri F, Barbato M, D'Eufemia P, Cardi E.
Panminerva medica · October 1995, 37, 137-41.

Results: We noticed a marked improvement in the behavioural symptoms of patients after a period of 8 weeks on an elimination diet and we found high levels of IgA antigen specific antibodies for casein, lactalbumin and beta-lactoglobulin and IgG and IgM for casein. The levels of these antibodies were significantly higher in 36 autistic patients than those of a control group which consisted of 20 healthy children.

Conclusions: Our results lead us to hypothesise a relationship between food allergy and infantile autism as has already been suggested for other disturbances of the central nervous system.

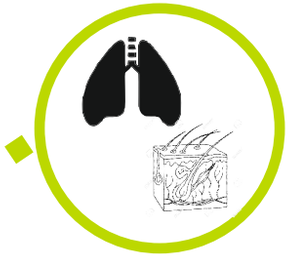
Assessment of food specific immunoglobulin load in pre-school children

Vithal Jathar
Jathar World Allergy Organization Journal 2015, 8(Suppl 1):A54

Results: Our results revealed the following percentages of this subpopulation with high IgG antibody loads: dairy products (18 - 21%), grain/seeds (19 - 32%), eggs (29%), tree nuts (6 - 20%), peanuts (29%), animal proteins (<2%), vegetables and fruits (< 5%), and yeasts (3 - 13%).

Conclusions: Overload of food specific IgG antibodies could be thecause of intolerance and/or symptoms related to inflammatory reactions of the bowels. The burden related to this IgG overload could be lowered by replacing offending foods with well-balanced food alternatives in preschool children in order to improve their overall wellness.

Running Nose
Trouble Swallowing
Nasal Congestion
Sinusitis



Asthma
Chronic Cough
Hives
Chronic Urticaria

Vomiting
Bloating
Constipation
Diarrhea
IBS & IBD
Crohn's disease

Attention Disorders
Autism
Depression

....right