

Food intolerance and sensitivity newsletter

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A key idea in this newsletter is that food sensitive people are unusual. And they differ from each other. They differ in just which symptoms they have, and the way those symptoms affect them, which additives or foods they react to, which environmental factors, such as smells or stress, also contribute to reactions. They differ in the severity of their reactions and the amount

that diet changes their symptoms. Really, the only thing that they have in common is that they have some symptom from some additives or foods, and the symptom is decreased with the reduction or exclusion of the suspect food. In my newsletters I will report on stories of people who have unusual reaction symptoms so you can be comfortable that there are others who may be as unusual as you!

What does this mean for you? It means that you can expect not to be believed. If your story is unusual for me when the only patients I see are food sensitive people – literally thousands of them over 35 years now - you can understand why your doctor may not be able to fit your story into the many medical conditions he or she regularly deals with.

Did you hear about....?

Did you hear about the lady who has the most severe reaction to the texture of pear. She just can't bear to have it touch her mouth! It is just revolting for her! What about apple? It is just fine. My next question - what about nashi pear? No, nashi is just as bad!! This fits with what people report about the tolerance of nashi. It is closer to that of pear than to apple. Good news for

pear eaters! Stories like this show us why we should watch how our babies show how they feel about some new foods.

Did you hear about the man who gets burning feet whenever he has milk? He is the only person I have had who reported this symptom. But I have heard lots of mums say their little ones get burning cheeks or red and hot ears as a reaction to some food.

Did you hear about the boy who only had to have one mouthful of broccoli before he could tell his mother if he was going to vomit it up. She was frustrated as he often tolerated it. Once they learned that tolerance may relate to smell, Mum let him smell the broccoli when they were buying it to note how strong it was, and if it was starting to smell "too strong" or "too musky". She was amazed to report that he no longer vomited up his dinner.

Are You Food Sensitive? gives information as close as I can give to you sitting in with an experienced dietitian right through the whole process; <http://www.foodintolerancepro.com/food-sensitivity-advice/>

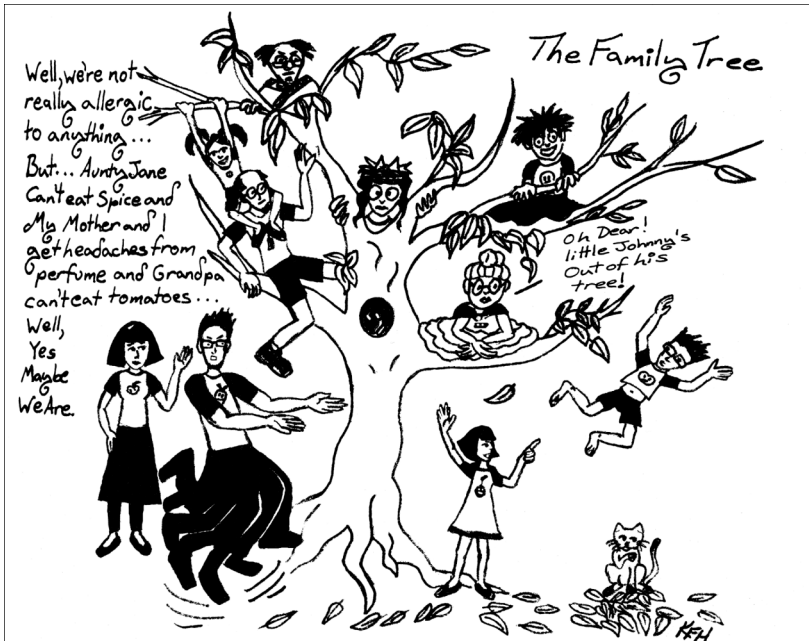
Fussy Baby shows why introduction of solids can be complicated, what eating development is, how to ask if a baby is food sensitive, and all about supersensitivity in food sensitive people; <http://www.foodintolerancepro.com/fussy-baby-advice/>

Tolerating Troublesome Foods provides much on adverse reactions to food, the many factors that affect tolerance, and just how to maximise tolerance of over 300 foods, with tables of foods from low to high risk of reaction, so you can expand your diet with most success. <http://www.foodintolerancepro.com/tolerating-troublesome-foods/>

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Food sensitivity runs in families but desire to use diet does not!



Often one person wants to investigate diet. When filling out the Family Sensitivity History other family members may become interested particularly if they have been bothered by one of the usual symptoms. This includes those symptoms adults may have had as children or in infancy, or the relations may have suspected food reactions in themselves. Or an adult may have a reduction in his or her symptom with diet, and this causes close relations to start looking more at their own food choices. Where the diet produces reduction in a child's symptoms, whether they

are behavioural or physical, grandparents may get involved, though those who insisted that "there is nothing like that on our side of the family" will probably also not want to support diet investigation. Mothers often report that where a dad did not believe diet could have a role, his attitude often softened as months pass. He may ask "What's he been eating?" about their child when old behaviours return, or comment on feeling bad after a meal away from home, with a comment like "You should have seen the food provided, it was a load of junk!"

Reflux - diet can help!

If your baby has reflux it changes everything! Symptoms can range from your baby bringing up milk after ever feed, but more of it, to the so-called "happy chucker" who does reflux but is not crying and thrives well, through to a very distressed baby who does not feed or sleep well, and cannot be comforted easily. On top of that you may have to deal with colic, diarrhoea, or eczema as well. You will have talked about it to relations and friends, and had many visits to the doctor, particularly to see if medicines help and just how much medicine to use. It can be quite overwhelming! Read more about reflux and many other topics on the Articles section of my website. See <http://www.foodintolerancepro.com/articles/>

News for those who like to do some serious thinking...

We now know that whether someone is food sensitive has more to do with whether they are sensitive personally, rather than just what symptom they have. "Food sensitivity is in the person not in the symptom." Each food sensitive person has their own 'metabolic fingerprint' [see Tolerating Troublesome Foods for detail] in how they metabolise the suspect food chemicals in their diet. Something is different in the pharmacology of suspect food chemicals in food sensitive people. We know that most food sensitive people come from families that have some of the usual symptoms food sensitive people have. Food sensitivity runs in the family, not in the symptom. This tells us there is a genetic component, and each food

sensitive person has his or her own target organ sensitivity. Now we can think about information that is being discussed in the pharmacology of treatments of people with cancer. A small number of people with cancer respond well to particular medicines that are no help to most. The researchers hypothesise that the people who respond well are a particular genetic type so they are keen to develop genetic testing to find which patients will benefit from the particular medicines. They report that whether particular patients will benefit depends on some genetic factor, not on the target organ where the cancer developed. This information does not connect food sensitivity to cancer. However it raises the idea that the way chemicals are metabolised in the body has more to do with

the person's genetic profile than with the particular target organ producing their symptom. I was pleased to see this example of an appreciation of the idea that we as individuals metabolise pharmacological substances depending on our genetic endowment and it is that that matters more than which part of the body has a disease. We also know this from the variety of medicines used, and from the side-effects some people have. I am sure that some day there will be genetic tests that will show those who are not good at metabolising the aromatic chemicals we suspect cause reactions, and food sensitivity will be better understood. Meanwhile we are lucky as we have the Family Sensitivity History as a way of predicting the likelihood of a positive diet response.

Pain and other symptoms vary in IBS patients

After doctors investigate gut symptoms in adults and report there is no worrying medical problem present, a diagnosis of IBS may be made. If this has happened to you it would not be surprising for you to assume that other people with IBS have the same symptoms as you do. But whether there is reflux, bloating, wind, pain, bowel urgency, constipation or looseness, and frequency of bowel motions, the IBS varies in different people. The symptoms that are present may even vary over days in the one person. Each person with IBS has their own experience of IBS discomforts. The symptom of special interest to me is pain. This is because it is the most distressing part of IBS and the reason so many people are very motivated to try diet investigation to get some relief. I have been amazed at the wide variety of symptoms and different experi-

ences of pain. Following are some of the ways people with IBS describe their pain and discomfort.

When bloating happens it may be accompanied by a feeling of distressing stretching and can include distension pain and spasm pain. Cramping pain is different. It may occur without bloating or in addition to it. It can be hours after the meal, in the early hours of the morning or even next day. Cramping pain can be upper gut like a 'hard hit bruise pain' or 'tearing', lower gut pain can be 'burning', like a 'gravel rash' or 'cramping' and there may be strong pain with gut urgency. The lower gut cramping pain can go from annoying to very severe 'like a monthly' or even 'like delivering a baby'. It can last for long periods. It can be associated with, or followed by,

the gut urgency pain.

This is relieved by passing a bowel motion, but then there is a feeling of having to recover from the feeling of "being hit by a very bad thump", leaving the person with a recoil feeling as if they have "had the stuffing knocked out of them" which may last around 30 mins. I have had two reports of people who needed bed rest for hours till the pain resolved. If a bowel motion does not happen with the urgency, the pain can continue and be associated with nausea, feeling waves of faintness and even, but rarely, vomiting. The patient feels in 'shock' from the pain. Sometimes what is called IBS by one doctor may be called abdominal migraine by another. This choice of words sounds better for those with severe pain. It also allows us to think that similar foods that can bring on a migraine in one person may also produce abdominal pain in others.

"Pain is the most distressing part of IBS and the reason so many people are very motivated to try diet investigation to get some relief."

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In the real world there is still concern about whether diet has a role at all

It is probably amazing to those of us who have been reading all the published findings on the low chemical diet, and seeing beneficial reductions in symptoms in our patients, to realize that there really are people who have no idea that foods like red cordial might produce reactions in some kids. And it is disturbing that there are doctors who still think that the only foods which have any validity for exclusion are those with a positive allergy test. It is often quite a journey for families to move

from hoping that diet will be easy and solve everything in a black and white way, to realizing reactions are complex and depend on many of the factors in the Total Body Load adding up to the threshold where a reaction happens. To those who work with food sensitivity, or have managed diet in themselves or their family for some time it is really hard to understand why the discussion by

some in the recent Medical Journal of Australia is still at the nutrients-may-be-at-risk stage when using a low salicylate diet. Despite

much clinical evidence noted in a second article, the evidence for the use of a diet that is pharmacologically based still does not satisfy many immunologists.



Top 10 things people really need to know about food sensitivity

Food Intolerance PRO
With Dietitian Joan Breakey

1 You don't need to feel overwhelmed when diet investigation looks complicated: You can take it one step at a time using the Diet Detective Method, using what others have found and applying diet investigation to give your own diet baseline at this time.

2 How to use the Family Sensitivity History to give the first direction: The FSH shows all the **symptoms** you are dealing with or have dealt with some years earlier, as well as those in your family, and any **foods** you suspect, or your own family members suspect. The FSH with all the detail is available in the linked resources below. Write out the level of how your symptoms are interfering in your life so you can compare that with after diet levels.

3 There isn't a right level of strictness to start your Elimination Diet trial: Each person is at a different place, with your own level of distress, lifestyle and energy for diet change. Write out foods you are fairly sure you should exclude, and happy to continue to exclude to get your baseline diet. Also write out foods suggested in Are You Food sensitive? or by your dietitian that you want to keep in and consider just how much you need to reduce them for the 4 week diet trial. Breadth of exclusions is still important. Attend to all suspect food chemicals and whole foods that are suspect in you or your immediate family. Note the many foods allowed using the Diet Detective Method.

4 You can learn what you don't realise you know: Suppose you had milk intolerance in infancy, can't stand the smell of stale food in the refrigerator, and your sister gets migraine with chocolate and red wine, but no one in the family suspects wheat, nor gets bloating from windy foods, you have much to use!

5 You can start planning your own individual diet at the beginning of the diet trial: You have suspicions about your own usual foods. You can make sense of what you know connecting the noticing of stale food smells and the chocolate and red wine as amine related, and that you may have to limit dairy. Suspect food chemicals "aggravate the underlying symptoms". It is best to lower additives, salicylates, amines and MSG, but you may give one group more emphasis than another, depending on your family history.

6 The idea of Target Organ Sensitivity helps connect all your symptoms where you may not have connected headaches and BS before, as well as your family's various symptoms: You may not have connected diarrhoea in infancy or headaches in your 20s with the IBS and poor sleep you have now. Information sheets on many symptoms are in the Articles section of FoodIntolerancePro.com see <http://www.foodintolerancepro.com/articles/>

7 You can really understand your reactions using the Total Body Load idea: You can learn that it is the sum total of the various suspect foods and food chemicals, and environmental factors, such as stress or smells, that determine the threshold for reactions There is a chapter in AYFS that describes this in detail.

8 Diet investigation is rather like a lottery ticket! We cannot tell in advance just how much diet may shift symptoms. Sometimes people improve by 80%. Sometimes it is 25% [but that can still be useful, and the beginning of an upward spiral in management of the symptoms]. Tweaking the diet can also help, especially as getting some improvement can give you the energy to try further reduction of a food you did not see value in attending to at first. On the other hand, for many, making the diet stricter may just produce diminishing returns and not be worth-while in your lifestyle.

9 You differ from other food sensitive patients: There is individual variation in just what symptom cluster you have, what foods and additives most contribute to reactions, what environmental factors matter as well, your match of symptom severity and diet strictness in your particular lifestyle, and the amount of improvement you get with diet at the end of your 4-week trial and after challenges and single food trials.

10 Diet investigation is challenging but very rewarding: Having to go through all the effort of changing your diet for 4 weeks and then testing foods over the next two months may be very time consuming, even frustrating! But having your symptoms greatly reduce can be worth every second of effort. The more you learn about all the details from all of my resources the more confident you can be.

