

Food Hypersensitivity Testing

INTRODUCTION

Human beings are dependent on food to provide nutrients for life and health. Most people also interact with food because it is pleasurable. Sometimes certain foods can make us feel unwell. Often we are unaware that some of the foods we consume are contributing to our symptoms or illnesses. In some cases foods plays a very big role in the disease process and other times it merely aggravates the problem.

In some cases the role that food plays in disease is related to an immune system reaction, although this is not always the mechanism. Immune reactions can take many forms and we will not discuss all of them in this article. One of the best known and certainly the most common means of testing for the role of food in patient symptoms and disease is IgE testing, however, IgG testing has also been researched for its ability to detect connections between diet and disease.

IgG testing is currently a very hotly debated topic among medical professionals. Some practitioners believe that there isn't enough evidence to support its use to assist in determining whether or not food is playing a role in a patient's symptoms. Despite this contention, medical scientists have continued to study the connection between food IgG antibodies and various diseases.

This article serves to create awareness about the debate in general and about some of the research that has been published in various reputable medical journals. To date asthma, eczema, irritable bowel syndrome (IBS), functional dyspepsia, migraine & migraine-like headaches, Crohn's disease (a severe digestive disease) and juvenile obesity have been investigated for their association with food IgG antibodies.

In addition to this body of published research, many patients report that they benefit from IgG guided food avoidance in a number of additional diseases, which have not yet benefited from the scrutiny of medical research. This is where many medical professionals get very upset. They take great exception to anyone (whether doctors or patients) reporting on this since they are concerned that it might mislead others, given the current lag in research evidence for diseases other than those listed here. However, there may be less and less room for debate as more research is completed and published over the next few years.

RESEARCH

Most doctors check only IgE antibodies (i.e. immediate type allergy) when searching for a cause of a patient symptoms that are associated with foods. However, Berrens & Homedes (1991) examined blood samples of human patients with immediate type allergy for both IgE and IgG antibodies to several of the common food allergens. Their research found a statistically significant correlation between IgE and IgG in test results. They concluded, "The data indicate that immune stimulation in atopic individuals is not restricted to the IgE isotype, but equally affects the IgG-producing antibody systems."

MIGRAINE AND MIGRAINE-LIKE HEADACHES

Alpay and co-workers (2010) conducted the first randomised, cross-over study in migraine sufferers, showing that diet restriction based on IgG antibodies is an effective strategy for reducing the frequency of migraine attacks. Mitchell et al (2011) went on to study the effect of such a strategy on those who suffer from migraine like headaches. It was concluded that testing for IgG food antibodies with subsequent diet elimination advice significantly reduced the number of migraine-like headaches.

ECZEMA & ASTHMA

Shakib and colleagues (1986) discovered the association between raised serum levels of IgG antibodies to milk proteins and eczema. More recently, Calderon and co-workers (2010) investigated

the possibility of other food specific IgG antibodies being associated with eczema. These researchers chose to look into the presence of beef-specific IgE, IgG and IgA antibodies in sera from patients with asthma, gastrointestinal disorders and skin allergies. All of these antibodies were significantly increased in this patient group. The authors noted, "Remarkably, IgG isotypes were significantly detected, even in the absence of IgE, in the three allergic conditions."

IRRITABLE BOWEL SYNDROME AND FUNCTIONAL DYSPEPSIA

Zuo et al (2007) found that serum IgG antibody levels to some common foods are increased in IBS and functional dyspepsia patients compared to those who do not struggle with these diseases. Yang & Li (2007) confirmed this and concluded that there is value in treating IBS by eliminating the allergic foods according to the serum level of food-specific IgG antibodies.

In 2012 Guo and colleagues did a 12 week intervention trial along these lines. Food-specific IgG antibodies were identified in 50.65% of the study patients suffering from irritable bowel syndrome with diarrhoea (D-IBS) compared with 15.38% of those patients that do not suffer from this disorder. For 12 weeks following the testing, these patients consumed diets that excluded the identified foods. After 4 weeks' dietary therapy, most symptoms of D-IBS had improved. By 12 weeks, all symptom scores had decreased significantly compared with the baseline scores. The 12-week food-specific exclusion diets resulted in significant improvements in abdominal pain (bloating level and frequency), diarrhoea frequency, abdominal distension, stool shape, general feelings of distress and total symptom score compared with baseline in patients with D-IBS.

CROHN'S DISEASE

Crohn's disease is a severe type of inflammatory bowel disease in which the body's immune system attacks the gastrointestinal tract. Bentz and co-workers (2010) report that their findings support nutritional interventions based on circulating IgG antibodies against food antigens, since this improves stool frequency. Uzunismail et al (2012) confirmed the benefit of such testing. They found that foods with raised IgG antibody levels and food additives can provoke symptoms and may stimulate the inflammation in patients with Crohn's disease. These authors recommended a diet that restricts foods with raised IgG antibody levels, since this may be beneficial in the medical treatment of Crohn's disease.

JUVENILE OBESITY

Wilders-Truschnig (2008) published evidence that obese children have significantly higher IgG antibody values directed against food antigens than normal weight children and concluded that anti- food IgG antibodies are tightly associated with low grade systemic inflammation.

CONCLUSION

Is food IgG testing and guided food elimination proven? All we can do is to look to the research that has already been concluded and published in respected medical journals. As with all medical research, given enough time (unfortunately, sometimes many years), a thorough study is made of a subject. Conservative medical professionals would ask patients to wait for evidence of the reliable connection between additional diseases and food IgG antibodies. Their primary concern is that patients unnecessarily part with their money and deprive themselves of certain foods when doing this test as a means of investigating diseases other than asthma, eczema, irritable bowel syndrome (IBS), functional dyspepsia, migraine & migraine-like headaches, Crohn's disease (a severe digestive disease) and juvenile obesity.

THE BIG PICTURE

Most importantly, it should be noted that the approach to investigating and treating the above mentioned illnesses, and other illnesses where food / diet appears to be implicated, should not focus solely on IgG testing and the indicated food avoidance. IgE and IgG reactions are not the only ways in which food / diet can cause and aggravate disease. A thorough consultations combined with additional investigations may be required depending on the specific disease in question. Furthermore, various therapies used in conjunction with diet modification should be employed for the best results.

ImuPro 100: Test 90 Foods: Cost R 2250.00

ImuPro 300: Test 270 Foods: Cost R 4550.00

The above prices are lab prices. You will pay the lab directly after we courier the test sample to the lab.

If you would like to explore the possible role of food in your disease or symptoms please contact our receptionist on 011 787 1221 to make an appointment.