



DR. CLAUDIA ANRIG

BECAUSE EVERY CHIROPRACTOR NEEDS A HAND.

Common Childhood Food Allergies

by Claudia Anrig, DC

In the family wellness practice, you cannot help but see the rise in allergies in the childhood population. In North America, more than 2 million children and an estimated 12 million adults are sensitive to one food item or another. You might wonder why there has been such an overall increase; many in the nutritional arena believe it's a reflection of our Western diet.

Many parents who are frustrated with giving their children over-the-counter or prescription drugs are looking for a less invasive approach to managing allergy symptoms. Why would the family chiropractor become involved? Many chiropractors acknowledge there are three stressors to the nervous system that may cause vertebral subluxation: physical, emotional and biochemical. The biochemical stressors may be attributed to several sources: air quality, toxic cleaning and building materials, and foods.

This article focuses on food sources of stress on a child's immune system. This article does not attempt to present an in-depth nutritional explanation, but rather is meant to introduce some very simple concepts that may assist child patients.

Explaining food allergies to parents can be simple. When a child is exposed to a food source, the body responds by activating the immune system, creating immunoglobulin E (IgE) antibodies to the food. When these antibodies react with the food, histamine and other chemicals cause hives, asthma or other symptoms of an allergic reaction.

An allergic histamine response may cause the following symptoms: tingling sensation in the mouth, swelling of the tongue and throat, difficulty breathing, hives, vomiting, abdominal cramps, diarrhea, lowered blood pressure and even death. Less noticeable symptoms are irritability, fatigue, headache, nasal congestion and skin discoloration. Some health care professionals also link learning and behavioral issues (including ADD/ADHD) with poor food selection.

Although a child can develop an allergy to anything, six foods account for 90 percent of all food-induced allergic reactions. The six culprits are milk, egg, peanuts, seafood (particularly shellfish), soy and wheat.

Breast milk matters. The American Academy of Pediatrics has finally caught on and is now advocating that infants be breastfed exclusively for the first 12 months of life. Although the benefits of breast milk are endless, most young mothers do not exclusively feed their infant in this manner.

By the third month of life many pediatricians and/or family members are advocating supplementing the infant's diet with cereal so "the baby can sleep through the night." Starting so early with wheat products can set the stage for developing this immune response allergy.

The grain family, vegetables and fruits ideally should not be introduced to the infant until the sixth month, when the digestive system has matured. It should be noted that taste buds do not develop until the eighth month and parents need to begin the practice of choosing healthy foods early. We need to train our children when they are young that “we eat to live, not live to eat.”

Whole grains such as brown rice, millet, barley and oats can be introduced when children begin to secrete salivary amylase (coinciding with the arrival of teeth), which is helpful for digesting carbohydrates. A good rule of thumb regarding grains is waiting until the sixth month (or later) to play it safe, especially if there is a family history of allergies, eczema or other skin disorders.

Also around the sixth month, introduce vegetables such as steamed squash, sweet potatoes, peas, zucchini, carrots and green beans to the infant, followed by the fruit family (apples, pears, peaches, etc.). Always avoid citrus fruits until later to prevent an acidic response.

Moving from breast milk to water should be standard practice. Western culture is one of the few to endorse the practice of moving from breast milk or formula to milk or juices. Juices should be looked at as a “concentrated sugar,” even though it is in a more natural state of fructose. Even if a mother states, “I watered down the apple juice,” I recommend responding back, “Could your baby eat an entire apple?” Introducing juices begins to develop the lifestyle of insulin imbalance. We start our young by creating hypoglycemia – and then later in life, in combination with obesity, lack of exercise and, for some, inherited genetics, we risk the onset of type 2 diabetes.

When it comes to milk (particularly cow’s milk), there is a growing acknowledgement within the medical field that milk doesn’t “do a body good.” Dr. Robert Kradjian, chief of breast surgery at California’s Seton Medical Center, reviewed archives of medical and scientific journals and found that milk is not the “perfect food” it has been reported to be. Rather, he found that many childhood disorders were aggravated, if not induced, by an increased intake of dairy products, including, but not limited to allergies, ear and tonsil infections, bedwetting, asthma, intestinal bleeding from lesions, colic and childhood diabetes.

Dr. Frank Oski, former chief of pediatrics at Johns Hopkins University Hospital and the author of *Don’t Drink Your Milk*, believes milk should never be given to children to drink. Since milk has been associated with iron deficiency anemia and the aforementioned responses, he recommends milk not be consumed at all.

The above information, combined with the growing concerns surrounding residual antibiotic and growth hormones in processed milk, should have parents thinking twice about giving children cow’s milk once the breastfeeding stage ends. Of course, that leads to these two questions, commonly asked by parents: “How will my child get calcium?” and “What will they eat with their cereal?” Simply stated, natural calcium may come from vegetables or by using sesame butter. If you want your child to eat a healthy grain cereal, you can use rice, almond or soy milk as a substitute.

If you have a child who is allergic to milk, consider avoiding other products such as cheese and yogurt. It also should be noted that one of the reasons soy is now on the list as a food allergen is that many parents are using soy-based formulas for their infants.

Now let’s review “big-box” shopping verses the benefits of organic. With families always struggling to stay on a budget, going to the big-box store to shop for groceries is the norm. It’s one thing to purchase paper products at the larger, low-priced stores, but we also need to consider promoting organic to our parents. So, ask parents to consider visiting their local farmers’ market or health food store to purchase organic vegetables, fruits and meats. Going organic may cost a little more, but tell parents that when they stop buying the junk – cookies, sodas, candy, crackers, juices, etc. – buying organics actually can be affordable.

If there is no access to organic (in this day and age, that is less of an issue), doctors should attempt to move

families in another healthy direction. The least desirable foods are canned; thus, moving parents from canned to frozen, from frozen to fresh, and from fresh to organic is positive advice.

How can you determine that a child is sensitive (or allergic) to foods? A great place to get started is to use the advice I received years ago from allergy specialist, Dorthea Rapp, MD, who stated, “Have the parents write down the five things your child can’t live without and probably your list will reveal at least one if not several food triggers for the child.” Another way to gather information is to look at the quality of lifestyle of the child; ask the parent to record what their child is eating and drinking for an entire week. Tracking the amount of consumption is not as important as tracking the “quality of living foods” the child is or is not consuming.

Once you have a list of the child’s “five things” and their food record for the week, it is pretty simple to review and see the glaring dietary errors. In suggesting changes, start off by eliminating the allergen(s) you suspect is the biggest culprit. Slowly reduce the item(s) over a few-week period until they are absent from the child’s diet.

For a more successful outcome, the entire family should participate, and those food items should be completely eliminated from the home. Although there are extensive laboratory tests that can be conducted, children often respond well with elimination of the main six (milk, egg, peanuts, seafood [particularly shellfish], soy and wheat).

At first, the child may be very reactionary to the change, particularly with negative behavior, but you need to encourage the parents to stay the course. Usually parents will report improvement within a few weeks of implementing these dietary changes.

One simple rule I teach parents in my practice is, “When in doubt, if it’s white, wrapped in plastic or in a box, don’t consume it.” Always choose living foods instead. As we see trends in North America for food allergens continue to grow, as well as obesity and diabetes, teaching healthier lifestyle habits to families is a responsibility the family chiropractor should take seriously.

Resources

- www.nomilk.com
- www.kidshealth.org
- www.icpa4kids.org/research/articles/childhood/dairydogma.htm

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