Omega Diagnostics

Unveiling the Skin-Deep Connection: Exploring Food Sensitivity and Its Impact on Skin Health

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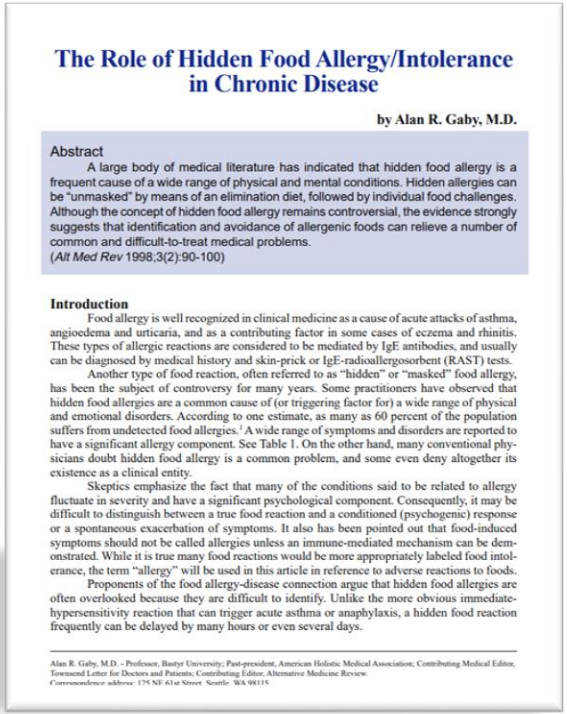
Clinical Immunologist
Scientific Director

Introduction

- A large body of medical literature has indicated that food sensitivity is a frequent cause of a wide range of physical and mental conditions.
- Although the concept of food sensitivity remains controversial, the evidence strongly suggests that identification and avoidance of reactive foods can relieve a number of common and difficult-to-treat medical problems.



The Role of Hidden Food Allergy/Intolerance in Chronic Disease

by Alan R. Gaby, M.D.

Abstract

A large body of medical literature has indicated that hidden food allergy is a frequent cause of a wide range of physical and mental conditions. Hidden allergies can be "unmasked" by means of an elimination diet, followed by individual food challenges. Although the concept of hidden food allergy remains controversial, the evidence strongly suggests that identification and avoidance of allergenic foods can relieve a number of common and difficult-to-treat medical problems.
(*Alt Med Rev* 1998;3(2):90-100)

Introduction

Food allergy is well recognized in clinical medicine as a cause of acute attacks of asthma, angioedema and urticaria, and as a contributing factor in some cases of eczema and rhinitis. These types of allergic reactions are considered to be mediated by IgE antibodies, and usually can be diagnosed by medical history and skin-prick or IgE-radioallergosorbent (RAST) tests.

Another type of food reaction, often referred to as "hidden" or "masked" food allergy, has been the subject of controversy for many years. Some practitioners have observed that hidden food allergies are a common cause of (or triggering factor for) a wide range of physical and emotional disorders. According to one estimate, as many as 60 percent of the population suffers from undetected food allergies.[1] A wide range of symptoms and disorders are reported to have a significant allergy component. See Table 1. On the other hand, many conventional physicians doubt hidden food allergy is a common problem, and some even deny altogether its existence as a clinical entity.

Skeptics emphasize the fact that many of the conditions said to be related to allergy fluctuate in severity and have a significant psychological component. Consequently, it may be difficult to distinguish between a true food reaction and a conditioned (psychogenic) response or a spontaneous exacerbation of symptoms. It also has been pointed out that food-induced symptoms should not be called allergies unless an immune-mediated mechanism can be demonstrated. While it is true many food reactions would be more appropriately labeled food intolerance, the term "allergy" will be used in this article in reference to adverse reactions to foods.

Proponents of the food allergy-disease connection argue that hidden food allergies are often overlooked because they are difficult to identify. Unlike the more obvious immediate-hypersensitivity reaction that can trigger acute asthma or anaphylaxis, a hidden food reaction frequently can be delayed by many hours or even several days.

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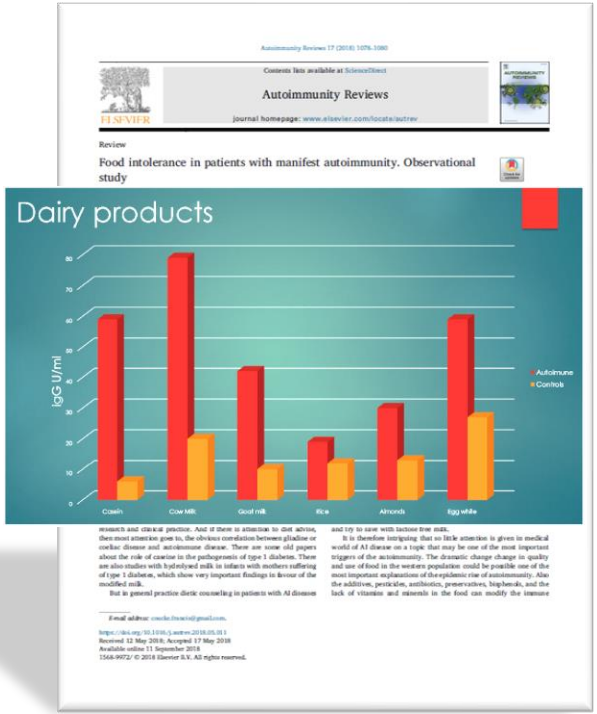
1. Gaby AR. The role of hidden food allergy/intolerance in chronic disease. Altern Med Rev. 1998 Apr;3(2):90-100. PMID: 9577245.

Prevalence

- The prevalence of migraine, irritable bowel syndrome and inflammatory bowel diseases has been continuously increasing.
- Etiological studies suggest that these diseases may be related to adverse food reactions (food sensitivity).
- Numerous studies have found that the levels of food-specific IgG's in serum are significantly higher in individuals with food sensitivity.
- IgG-mediated immunologic responses may play an important role in the pathogenesis of adverse food reactions.



1. Coucke F. Food intolerance in patients with manifest autoimmunity. Observational study. Autoimmun Rev. 2018;17(11):1078-1080. doi:10.1016/j.autrev.2018.05.011

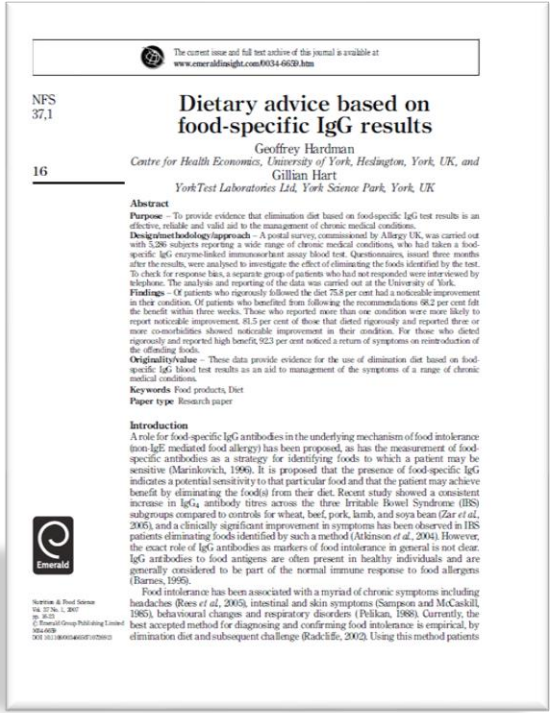
IgG Guided Diet

- Survey commissioned by Allergy UK – 5286 participants
- Questionnaire 3 months after IgG food test

76%
saw significant symptom improvement

68%
saw benefit within three weeks

92%
had symptoms return when reactive food added back to diet



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Dietary advice based on food-specific IgG results

Geoffrey Hardman
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Gillian Hart
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Abstract

Purpose – To provide evidence that elimination diet based on food-specific IgG test results is an effective, reliable and valid aid to the management of chronic medical conditions.

Design/methodology/approach – A postal survey, commissioned by Allergy UK, was carried out with 5,286 subjects reporting a wide range of chronic medical conditions, who had taken a food-specific IgG enzyme-linked immunosorbant assay blood test. Questionnaires, issued three months after the results, were analysed to investigate the effect of eliminating the foods identified by the test. To check for response bias, a separate group of patients who had not responded were interviewed by telephone. The analysis and reporting of the data was carried out at the University of York.

Findings – Of patients who rigorously followed the diet 75.8 per cent had a noticeable improvement in their condition. Of patients who benefited from following the recommendations 68.2 per cent felt the benefit within three weeks. Those who reported more than one condition were more likely to report noticeable improvement. 81.5 per cent of those that dieted rigorously and reported three or more co-morbidities showed noticeable improvement in their condition. For those who dieted rigorously and reported high benefit, 92.3 per cent noticed a return of symptoms on reintroduction of the offending foods.

Originality/value – These data provide evidence for the use of elimination diet based on food-specific IgG blood test results as an aid to management of the symptoms of a range of chronic medical conditions.

Keywords Food products, Diet
Paper type Research paper

Introduction

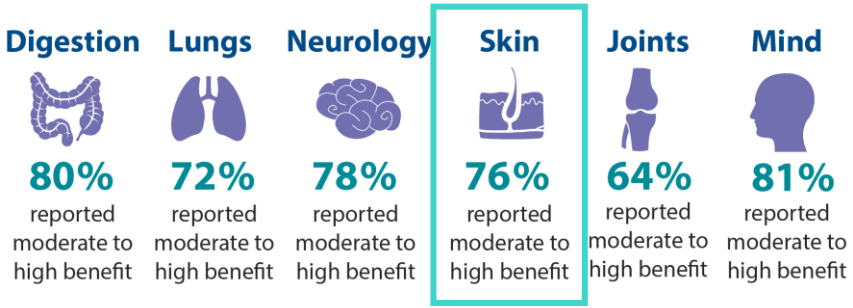
A role for food-specific IgG antibodies in the underlying mechanism of food intolerance (non-IgE mediated food allergy) has been proposed, as has the measurement of food-specific antibodies as a strategy for identifying foods to which a patient may be sensitive (Marinkovich, 1996). It is proposed that the presence of food-specific IgG indicates a potential sensitivity to that particular food and that the patient may achieve benefit by eliminating the food(s) from their diet. Recent study showed a consistent increase in IgG_4 antibody titres across the three Irritable Bowel Syndrome (IBS) subgroups compared to controls for wheat, beef, pork, lamb, and soya bean (Zar *et al.*, 2005), and a clinically significant improvement in symptoms has been observed in IBS patients eliminating foods identified by such a method (Atkinson *et al.*, 2004). However, the exact role of IgG antibodies as markers of food intolerance in general is not clear. IgG antibodies to food antigens are often present in healthy individuals and are generally considered to be part of the normal immune response to food allergens (Barnes, 1995).

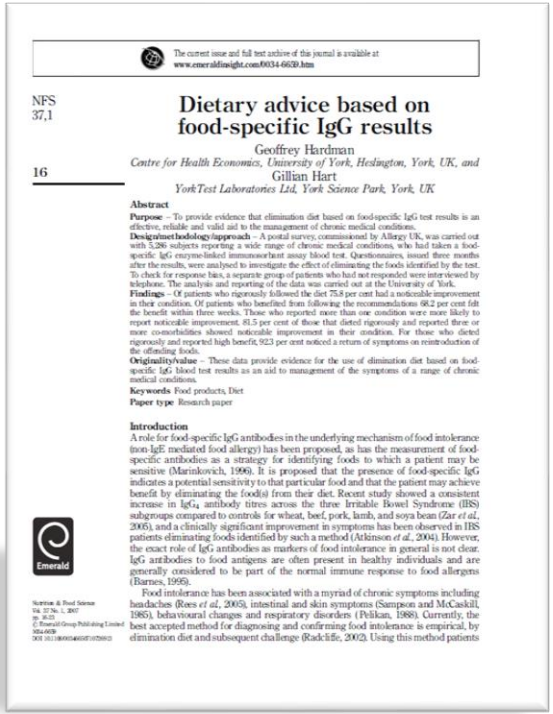
Food intolerance has been associated with a myriad of chronic symptoms including headaches (Rees *et al.*, 2005), intestinal and skin symptoms (Sampson and McCaskill, 1985), behavioural changes and respiratory disorders (Pelikan, 1988). Currently, the best accepted method for diagnosing and confirming food intolerance is empirical, by elimination diet and subsequent challenge (Radcliffe, 2002). Using this method patients

1. Geoffrey Hardman, Gillian Hart. Nutrition & Food Science Vol. 37 No. 1, 2007 pp. 16-23

IgG Guided Diet

- Symptom relief varied by body system when reactive foods were removed.





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Design/methodology/approach – A postal survey, commissioned by Allergy UK, was carried out with 3,246 subjects reporting a wide range of chronic medical conditions, who had taken a food-specific IgG enzyme-linked immunosorbant assay blood test. Questionnaires, issued three months after the results, were analysed to investigate the effect of eliminating the foods identified by the test. To check for response bias, a separate group of patients who had not responded were interviewed by telephone. The analysis and reporting of the data was carried out at the University of York.

Findings – Of patients who rigorously followed the diet 75.8 per cent had a noticeable improvement in their condition. Of patients who benefited from following the recommendations 68.2 per cent felt the benefit within three weeks. Those who reported more than one condition were more likely to report noticeable improvement. 81.5 per cent of those that dieted rigorously and reported three or more co-morbidities showed noticeable improvement in their condition. For those who dieted rigorously and reported high benefit, 92.3 per cent noticed a return of symptoms on reintroduction of the offending foods.

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Food Sensitivity and Skin Reactions

- Allergy dermatosis are a group of inflammatory conditions caused by an **‘allergic reaction’,** of uncertain pathogenesis and high recurrence rate.
- Allergy dermatoses are mainly caused by an allergen, which can lead to a cutaneous inflammatory reaction through ingesting and touching.
- Research shows that as many as **40%** of people have an intolerance against some food to some degree and such food reactions can be a cause of allergy dermatoses.
- Clinical data shows that **IgG antibody detection** is closely related to these adverse reactions to food and the studies on allergy dermatoses involved in IgG have been paid increasing attention.

1. Zhiping X., Renshan Z., Rong W., et al., Correlation Analysis of Allergy Dermatoses and Food-Specific IgG Antibody, J. Journal of Diagnosis and Therapy on Dermato-venereology, 2013, (4),274-276.

IgG and Allergy Dermatoses

- A study involving181 allergy dermatosis patients, ages ranging from 2 months to 73 years.
  - 75 patients with **urticaria**
  - 27 patients with **eczema**
  - 79 patients with **allergic dermatitis**
- Among 20 healthy subjects, 1 subject tested positive for IgG antibody, which translates to a positive rate was **5.0%.**
- Among 181 patients with allergy dermatoses, 118 patients tested positive for IgG antibody with a total positive rate was **65.2%.**

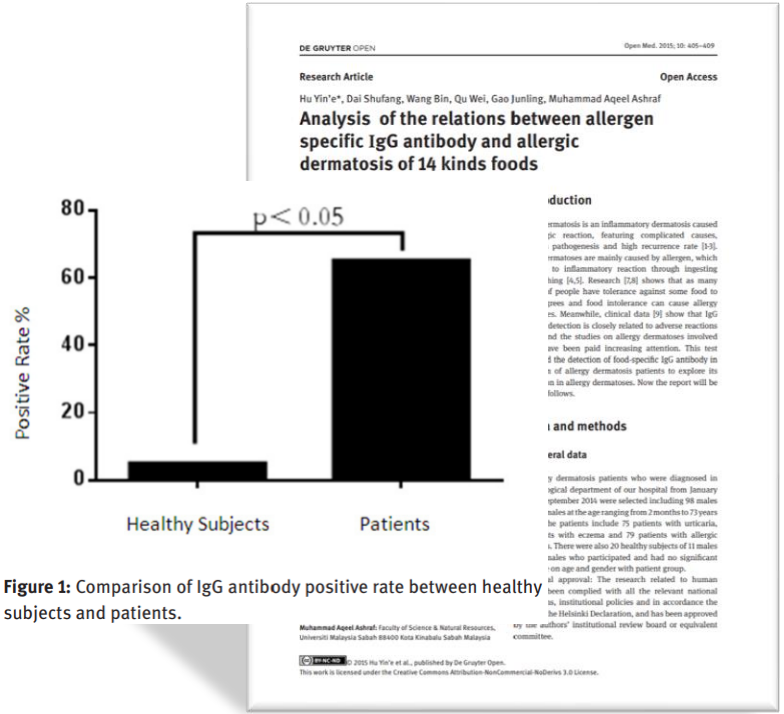
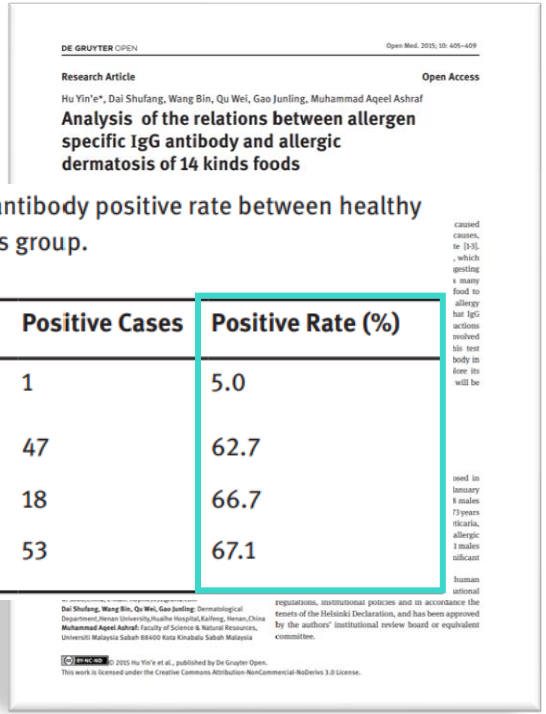


Figure 1: Comparison of IgG antibody positive rate between healthy subjects and patients.

1. Yin'e H, Shufang D, Bin W, Wei Q, Junling G, Ashraf MA. Analysis of the relations between allergen specific LgG antibody and allergic dermatosis of 14 kinds foods. Open Med (Wars). 2015 Dec 17;10(1):405-409. doi: 10.1515/med-2015-0070. PMID: 28352727; PMCID: PMC5368856.

IgG and Allergy Dermatoses

- There was no significant difference in the positive rate of IgG antibody among urticaria, eczema and allergic dermatitis groups (p>0.05).



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Analysis of the relations between allergen specific IgG antibody and allergic dermatosis of 14 kinds foods

Table 2: Comparison of IgG antibody positive rate between healthy group and allergy dermatosis group.

Groups	n	Positive Cases	Positive Rate (%)
Healthy Subjects	20	1	5.0
Urticaria	75	47	62.7
Eczema	27	18	66.7
Allergic dermatitis	79	53	67.1

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1. Yin'e H, Shufang D, Bin W, Wei Q, Junling G, Ashraf MA. Analysis of the relations between allergen specific LgG antibody and allergic dermatosis of 14 kinds foods. Open Med (Wars). 2015 Dec 17;10(1):405-409. doi: 10.1515/med-2015-0070. PMID: 28352727; PMCID: PMC5368856.

IgG and Allergy Dermatoses

- The IgG antibody positive rates for:
  - Egg - 70.2%
  - Milk - 77.8%
  - Shrimp and crab - 71.7%

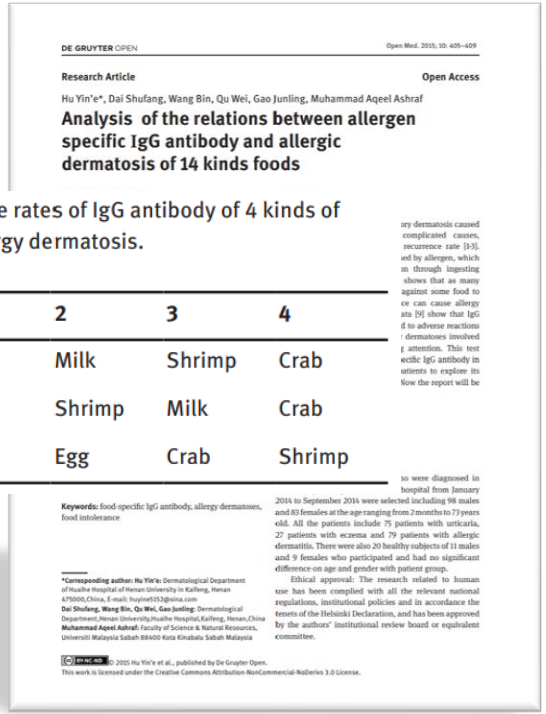

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Table 4: Sequence of positive rates of IgG antibody of 4 kinds of foods in the 3 groups of allergy dermatosis.

Groups	1	2	3	4
Urticaria	Egg	Milk	Shrimp	Crab
Eczema	Egg	Shrimp	Milk	Crab
Allergic Dermatitis	Milk	Egg	Crab	Shrimp

Keywords: food-specific IgG antibody, allergy dermatoses, food intolerance

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IgG and Allergy Dermatoses

- The data show that allergy dermatosis of adults was different from that of children.
- For **urticaria**, the antibody positive rate of children was significantly below that of adults.
- For **allergic dermatitis,** the antibody positive rate of children was also significantly below that of adults.
- For **eczema** there was no significant difference between children and adults.

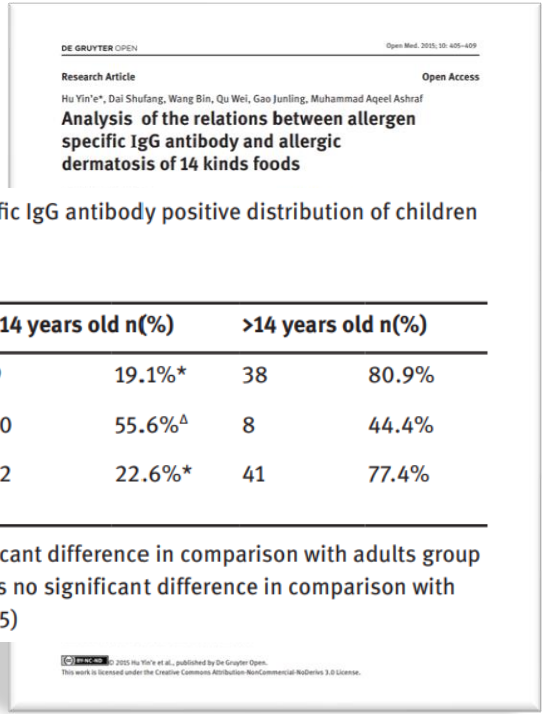

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Table 6: Food-specific IgG antibody positive distribution of children and adults.

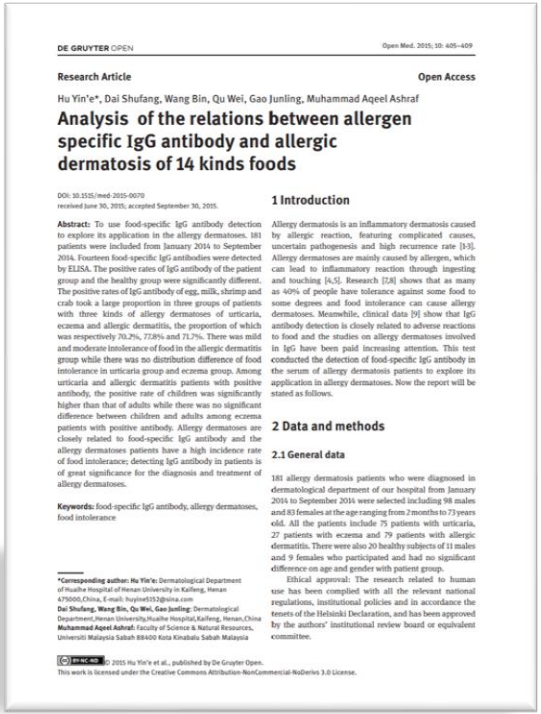
Groups	≤14 years old n(%)		>14 years old n(%)	
Urticaria	9	19.1%*	38	80.9%
Eczema	10	55.6%$^{\Delta}$	8	44.4%
Allergic dermatitis	12	22.6%*	41	77.4%

*There was a significant difference in comparison with adults group ($p<0.05$); $^{\Delta}$There was no significant difference in comparison with adults group ($p>0.05$)

1. Yin'e H, Shufang D, Bin W, Wei Q, Junling G, Ashraf MA. Analysis of the relations between allergen specific LgG antibody and allergic dermatosis of 14 kinds foods. Open Med (Wars). 2015 Dec 17;10(1):405-409. doi: 10.1515/med-2015-0070. PMID: 28352727; PMCID: PMC5368856.

IgG and Allergy Dermatoses

- To sum up, some allergy dermatoses are closely related to food-specific IgG antibody.
- Allergy dermatoses patients have a high incidence rate of food sensitivity.
- Detecting IgG antibody in the serum of patients is of great value for the diagnosis and treatment of such allergy dermatoses.



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Analysis of the relations between allergen specific IgG antibody and allergic dermatosis of 14 kinds foods

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Abstract: To use food-specific IgG antibody detection to explore its application in the allergy dermatoses. 181 patients were included from January 2014 to September 2014. Fourteen food-specific IgG antibodies were detected by ELISA. The positive rates of IgG antibody of the patient group and the healthy group were significantly different. The positive rates of IgG antibody of egg, milk, shrimp and crab took a large proportion in three groups of patients with three kinds of allergy dermatoses of urticaria, eczema and allergic dermatitis, the proportion of which was respectively 70.2%, 77.8% and 71.7%. There was mild and moderate intolerance of food in the allergic dermatitis group while there was no distribution difference of food intolerance in urticaria group and eczema group. Among urticaria and allergic dermatitis patients with positive antibody, the positive rate of children was significantly higher than that of adults while there was no significant difference between children and adults among eczema patients with positive antibody. Allergy dermatoses are closely related to food-specific IgG antibody and the allergy dermatoses patients have a high incidence rate of food intolerance; detecting IgG antibody in patients is of great significance for the diagnosis and treatment of allergy dermatoses.

Keywords: food-specific IgG antibody, allergy dermatoses, food intolerance

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1 Introduction

Allergy dermatosis is an inflammatory dermatosis caused by allergic reaction, featuring complicated causes, uncertain pathogenesis and high recurrence rate [1-3]. Allergy dermatoses are mainly caused by allergen, which can lead to inflammatory reaction through ingesting and touching [4,5]. Research [7,8] shows that as many as 40% of people have tolerance against some food to some degrees and food intolerance can cause allergy dermatoses. Meanwhile, clinical data [9] show that IgG antibody detection is closely related to adverse reactions to food and the studies on allergy dermatoses involved in IgG have been paid increasing attention. This test conducted the detection of food-specific IgG antibody in the serum of allergy dermatosis patients to explore its application in allergy dermatoses. Now the report will be stated as follows.

2 Data and methods

2.1 General data

181 allergy dermatosis patients who were diagnosed in dermatological department of our hospital from January 2014 to September 2014 were selected including 98 males and 83 females at the age ranging from 2 months to 73 years old. All the patients include 75 patients with urticaria, 27 patients with eczema and 79 patients with allergic dermatitis. There were also 20 healthy subjects of 11 males and 9 females who participated and had no significant difference on age and gender with patient group.

Ethical approval: The research related to human use has been complied with all the relevant national regulations, institutional policies and in accordance the tenets of the Helsinki Declaration, and has been approved by the authors' institutional review board or equivalent committee.

1. Yin'e H, Shufang D, Bin W, Wei Q, Junling G, Ashraf MA. Analysis of the relations between allergen specific LgG antibody and allergic dermatosis of 14 kinds foods. Open Med (Wars). 2015 Dec 17;10(1):405-409. doi: 10.1515/med-2015-0070. PMID: 28352727; PMCID: PMC5368856.

Omega Diagnostics

A Holistic Approach to Managing Atopic Dermatitis(AD)

Stephanie Karl

Clinical Nutritionist

MSc Applied Nutrition

BSc Nutrition

Objectives:

- To discuss scholarly research into other environmental factors that impact a further aggravation of AD to be able to select appropriate testing and therapy
- Expand on the importance of understanding the wider field of immune mediated triggers, often delayed responses and their similarity to IgE allergy to exacerbate other conditions.
- Discuss how taking foods out with good intention, can worsen an allergic response as the immune system can lose tolerance to some food proteins over time
- Talk about the most pain-free and effective elimination diet protocol, how long, how to, and why reintroduction foods is staged and not the old way of keeping in foods that seem to be tolerable.
- Look at the importance of enzyme and probiotic support and what are the choices
- Supplements for healing the gut lining and resetting the protein and nutrient specificity of what crosses into circulation and can impact antigen activity

What causes AD?

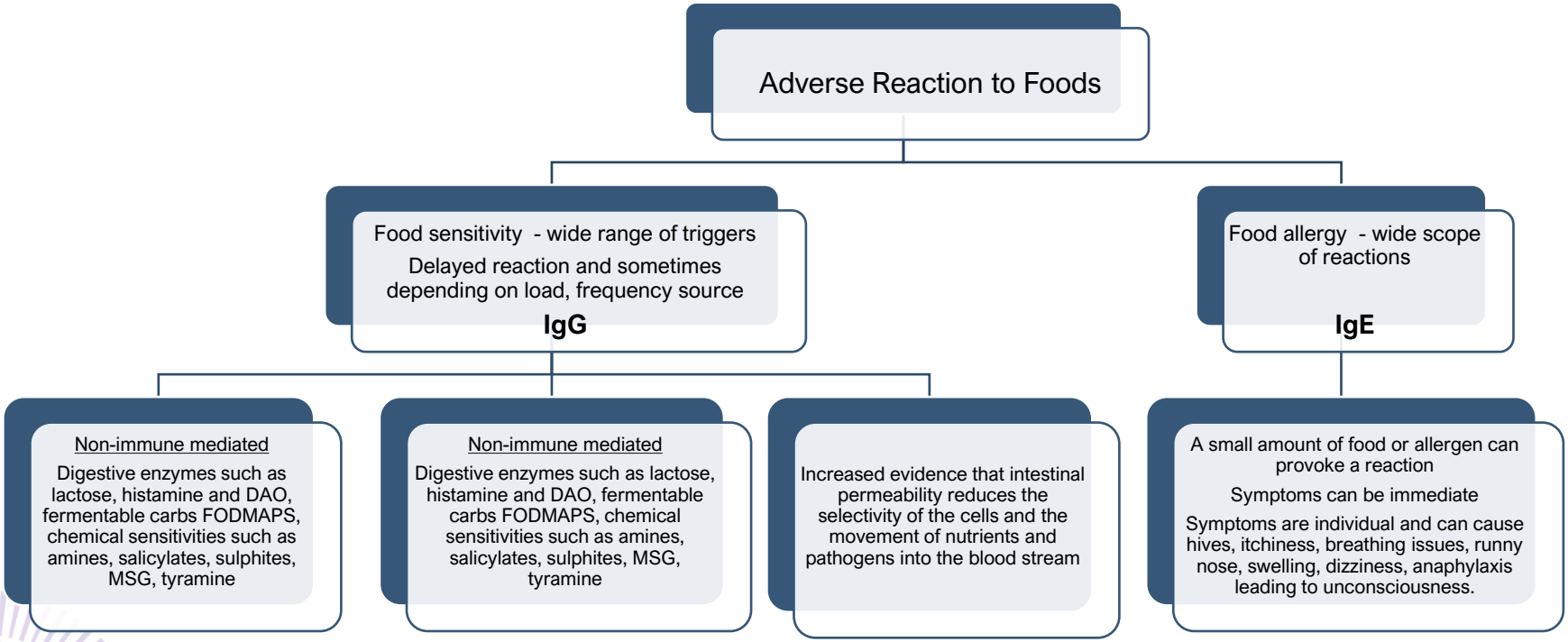
- Antibodies in allergic and non-allergic disorders is a fascinating and an unsettled issue when taking a holistic and dietetic approach to skin disorders.
- Atopic Dermatitis (AT) is a common relapsing inflammatory skin disorder characterised by immune-mediated inflammation and epidermal barrier dysfunction. The origination and development of AD is multifactorial and has not been fully made clear or explained to date. (1,2)

What causes AD?

- Medicine tends to treat atopic dermatitis as IgE driven and often related to other allergic conditions such as asthma, food allergies, urticaria. More recently, studies show that cross-linkage of other Ig activation plays key roles in diverse IgE mediated allergic conditions.
- Much research has looked at the ramped up immune mediated response to a range of immunoglobins and as far back as 1966, Rodrigues de Sousa et al, studied increased levels of IgG in adults and the incidence of neonates with skin disorders.
- The question of food specific antigens and cells of the mucosal system under specific conditions is even more fundamental as it also plays a role in the health of the intestinal and permeability of the lining making it more selective to food allergens. (4)

1. Jacek Gocki and Zbigniew Bartuzi (2016) Role of immunoglobin G antibodies in diagnosis of food allergy. Postepy Dermatol Alergol; 33(4) 253-256.

Food allergies vs Sensitivities (emphasis on triggers for symptoms)



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Digging Deeper

- A treatment plan could include a team approach including immunologist, dermatologist and dietitian.
- Research shows that AD is highly associated with a higher risk for food allergy and therefore a dietetic advice is needed. (1)
- Researchers have been exploring how specific metabolic pathways involving the breakdown of food molecules are controlled by multiple types of bacteria. (2)
- Studies on IgG immune mediated antigens through repeated ingestion and lack of inhibition such as favourite foods, increase the effects of local contact with antigen-specific responses especially in an already inflammatory environment. (3)

1. Keller MD, Shuker M, Heimall J, Cianferoni A. Severe malnutrition resulting from use of rice milk in food elimination diets for atopic dermatitis. Isr Med Assoc J. 2012;14(1):40-42.
2. Tait C, Goldman RD. Dietary exclusion for childhood atopic dermatitis. Can Fam Physician. 2015;61(7):609-611.
3. Eigenmann PA, Beyer K, Lack G, et al. Are avoidance diets still warranted in children with atopic dermatitis?. Pediatr Allergy Immunol. 2020;31(1):19-26.
4. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5004213/

Food Allergy, Intolerance, Sensitivity Testing

What tests are available:

- Tests that help to identify the diagnosis of known disorders such as lactose intolerance, coeliac disease, IgE allergy (Classical).
- Tests specific to other Ig's such as IgA and specific food IgG testing.
- Tests that have no legitimate basis such as biofeedback testing and hair analysis.

Other approaches:

- Elimination diets stripping back to a simple approach such as eliminating food chemicals or FODMAPS, or the old rice, lamb, pears and carrots diet.
- Elimination diets based on raised food-specific IgG levels.

Professional Guidance

Cornerstone in the journey of identifying food intolerance:

- Choosing suitable tests
- Interpretation of results
- Making a reliable diagnosis to avoid unnecessary dietary restrictiveness
- Navigating the complexities of food intolerances
- Understand the testing behind it.
- Crafting effective care and evaluation
- Aid in formulating effective management programmes around lifestyle, preferences, nutrient needs, foods available

Choosing a Testing Method:

- Is it “fit for purpose?”
- How will it be interpreted to avoid nutrient deficiencies
- What about food chemicals such as salicylates, suphites and MSG?
- What protocol is employed to best suit the situation and personalise it to the patient
- Avoid nutrient insufficiencies.
- Support healing
- Add back foods
- Evaluate health improvements

At The Coalface - Should I remove eggs, wheat and dairy?

- A very common question is what foods should I avoid?
- If a known disease is not present, then the most likely testing would be to look at the systemic effect of food-specific IgG levels.
- Because there is widespread cross reactivity, hidden ingredients in some foods and proteins very similar such as eggs and dairy, what recommendation is made and for how long?
- Studies show there to be a role of food and AD. 8,9

At The Coalface - Should I remove eggs, wheat and dairy?

- Scholarly research has also showed that eliminating certain foods from your diet may have unintended consequences, including actually increasing the risk of developing food allergies. 10
- The medical community has made a bit of a shift towards supporting food elimination, but research indicates that the trigger foods can be very individual despite some key foods being common culprits. Vien showed that chocolate, beer, wine, tea, soda, citrus fruit, certain spices, nuts, shrimp and bread made with wheat flour were often trigger foods and knowing how far research has progressed over the decades, we can understand some of the drivers from food chemicals to naturally occurring food molecules associated with these foods. 11

1. Tait C, Goldman RD. Dietary exclusion for childhood atopic dermatitis. Can Fam Physician. 2015;61(7):609-611.

Elimination Diets

- This is very common protocol used in dietetics for non-allergy, but pseudo-allergy symptoms.
- It would usually be on the basis of results from an IgG blood test, such as FoodPrint® or Food Detective®.
- All foods, especially those with similar proteins or cross-links, that show in the red, will be eliminated. If there are too many foods, I would tend to take the higher values and remove for at least 24 days and rotate the lower range foods every four days.

The removal of foods must be done on a strict basis and not sporadically as IgG allergens hang around and we therefore remove completely for a minimum of 24 days and often up to three months.

Elimination Diets

- If major nutrient groups are eliminated such as dairy, I would supplement either with an alternative fortified food such as oat milk with calcium and vit D or a supplement.
- The role of the therapist is to not make this about what you cannot have but to focus on what you can and to eat well.
- Keeping a diary is recommended to make you more mindful and to track symptoms. Giving more options for alternative nutrient and food groups will also help to avoid overloading with any one food such as replacing milk with a number of alternatives and not just one.

Elimination Diets and Supplementary Support

- It is likely if gas and bloating are present that a probiotic is also taken. If a test for DAO was done, although they are not always reliable, I would use a probiotic such as HistameX which is non-histamine producing.
- Enzymes are worth adding in the first 24 days to help with the full breakdown of foods and it could also include DAO.
- Gut healing is often a food and supplement treatment.
- L-glutamine helps re-heal the tight junctions and improve nutrient deliver
- Zinc carnosine is gut cell specific and also essential to healing
- A mucilage can help by adding a slimy lining and barrier between digestion and the intestinal lining. It is soothing and helps reduce the fear and stress of foods and eating.

Elimination Timeline

A minimum of 24 days followed by an an anecdotal assessment of symptoms and often a continuation of elimination of red foods for up to 3 months,

→ Well tailored meal plan
Food and symptoms diary
Supplements

It maybe that the current protocol needs to be continued as intestinal damage to tight junctions letting food allergens move across may still require more healing.

→ Assessment at 3 months and a decision to move onto another stage

A move to the next stage is food challenges

→ I start with one food and introduce it every day for about three days, stop for the rest of the week to gauge tolerance. I take the food out again and trial another food. That way I don't feel I am overloading digestion with multiple foods with varied antigen responses

The challenge phases can take many weeks depending on how many foods were eliminated and their similarity to each other.
Finally, combining back more than one food which seemed to be tolerated is the aim, and any food that caused a reaction, is left for 6 months to a year

Future Research

- Foods and their affect on human health is becoming more and more pronounced as we eat many new foods which have veered away from their origin and take more medications that affect the gut.
- Food chemicals are widely used in products to enhance flavour, texture, shelf-life and mimic natural food
- Bacteria, yeast and viruses are able to live and thrive in places we didn't think possible and some have increased resistance
- Human health is suffering more and more in inflammatory states and challenging the immune system

- On-going research is emerging science and highlighting that the dynamics of the human body is a complex network and states of health require a full understanding of biochemistry and all of the sciences.

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Unveiling the Impact of Food Sensitivity Testing on Skin health

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Dermatologist &

Functional Medicine Practitioner

Understanding Food Sensitivity Testing

Food Allergies vs Food Sensitivities

Characteristic	Food Allergies	Food Sensitivities
Immune Response	Immediate (minutes to hours)	Delayed (hours to days)
Antibodies Involved	IgE antibodies	Mainly IgG antibodies, non-IgE mediated
Symptoms	- Anaphylaxis - Swelling - Hives	- Bloating - Headaches - Fatigue
Severity	Often severe and potentially life-threatening	Generally milder but chronic
Treatment	Epinephrine, antihistamines	Elimination diets, anti-inflammatory drugs
Example	Peanuts causing throat swelling	Gluten causing bloating and joint pain

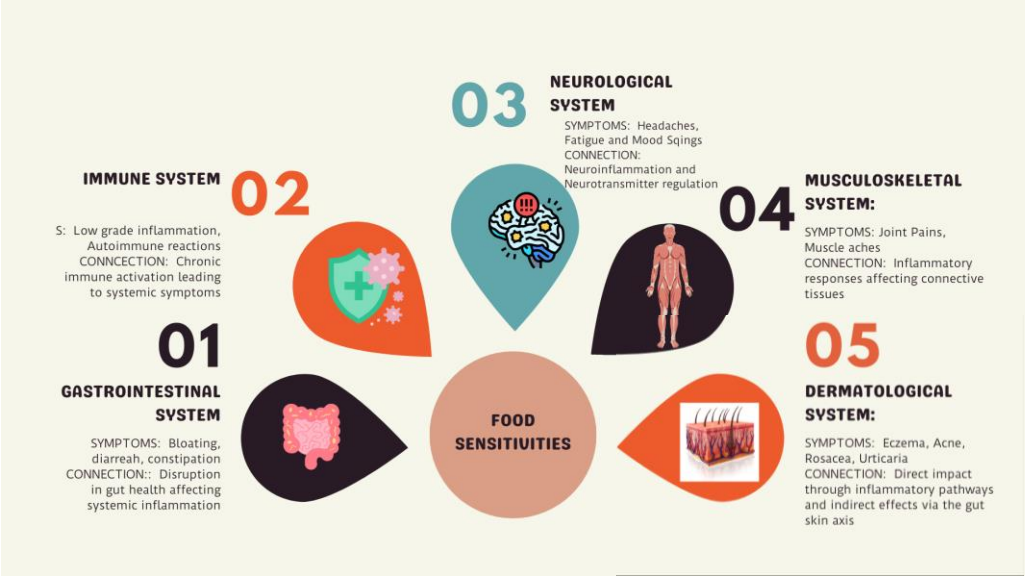
Impact on Systemic Health, Focus on Skin

Broad Systemic Effects:

- Can affect multiple systems including gastrointestinal, neurological, and immunological pathways.

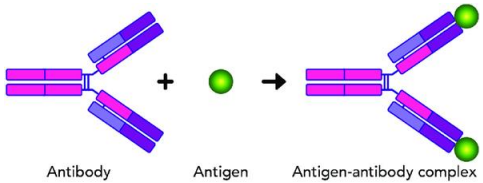
Focus on Skin Health:

- Conditions like eczema, acne, and rosacea can be exacerbated by food sensitivities.
- Mechanism: Inflammatory responses to certain foods can trigger or worsen skin symptoms.



Food Sensitivity Testing Techniques

Techniques in food Sensitivity Testing



Overview of IgG Antibody testing

P: identifies elevated levels of IgG
M: Blood sample analysis against different food antigens
Usage: Food identification causing chronic inflammation

Elimination diet and their roles

Adv: Provides personalized results related to individual's reactions
Usage: Strict adherence, nutritional support benefits

Other relevant tests

SKIN PRICK TEST - IgE DIAGNOSIS
COMPREHENSIVE STOOL ANALYSIS: insights into gut health, microbiome balance and digestive issues

CASE: ECZEMA RELIEF TROUGH DIET

C.C.

Student
AGE: 20 Y/O
GENDER: FEMALE

History: 12/2021

- Recurrent erythematous Papules and plaques
- Pruritus scale: 8/10
- PMHX: Bronchial Asthma
- Triggers: Stress from school
- Diet: Low phytonutrient,
- Sleep: 7 hours, exercises

Testing Intervention

- Food Sensitivity Test
- IgE test
- Elimination Diet x 30 days

Improvement/ ffup 2/2022

- Decreased Redness
- Decrease no. of lesions
- No new lesions
- Pruritus: 3410

2021 2022

ELEVATED FOODS (≥30 U/ml)

138	Ginkgo	66	Plum	42	Pistachio
102	Egg White	60	Soya Bean	38	Milk (Cow)
100	Corn (Maize)	55	Peanut	37	Bean (White Haricot)
93	Pea	54	Cranberry	34	Oyster
82	Flax Seed	48	Bean (Red Kidney)	34	Yuca
77	Barley	46	Yeast (Baker's)	33	Milk (Sheep)
77	Cola Nut	44	Orange	31	Wheat
72	Yeast (Brewer's)	44	Turbot		
68	Oat	43	Potato		

BORDERLINE FOODS (24-29 U/ml)

29	Celery	27	Squash (Butternut/Carnival)	25	Hazelnut
28	Agar Agar	26	Cabbage (Savoy/White)	25	Hops
27	Cashew Nut	26	Radish	25	Scallop
27	Fig	25	Amaranth	25	Winkle
27	Rice	25	Durum Wheat	24	Egg Yolk

PSORIASIS PUZZLE

J. V.

Executive
AGE: 43 Y/O
GENDER: MALE

History: 12/2021

- Diagnosed with Psoriasis at 12 y/o
- Erythematous **PLAQUES WITH SCALES**
- **Pruritus Scale: 8/10**
- Intervention: Topical Corticosteroids,
- Vit D analogues
- Phototherapy
- Food Triggers: Dairy, seafood
- Stress : Health 7/10 ; Relationships/Sex Life: 6/10

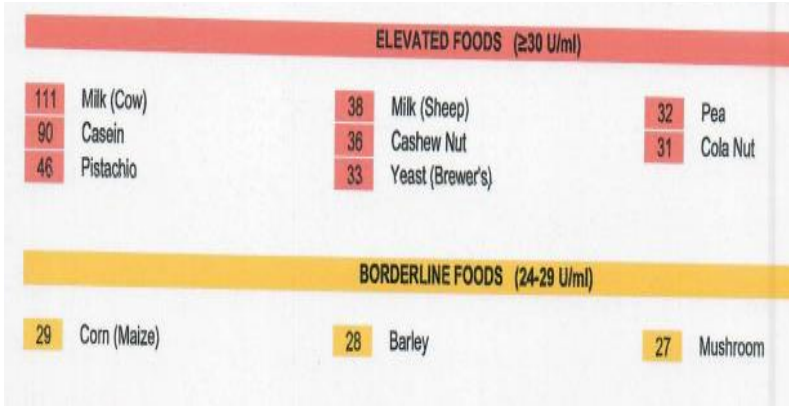
Testing Intervention

- Food Sensitivity Test
- IgE test
- Plan: Elimination Diet x 30 days

Improvement/ ffup 2/2022

- **Decreased Redness**
- **Decrease in Pruritus 4/10**
- Started walking 10,000 steps a day
- Stress: health: 6/10; Relationships 4/10

Aug 17 Aug 31



Breakthrough in acne management

C.C.

Business woman
AGE: 31 Y/O
GENDER: FEMALE

History: 12/2021

- Recurrent erythematous pustules
- DIET: high dairy, high in simple sugars
- Triggers: Stress , new products
- Sleep: 8 hours, exercises

Testing Intervention

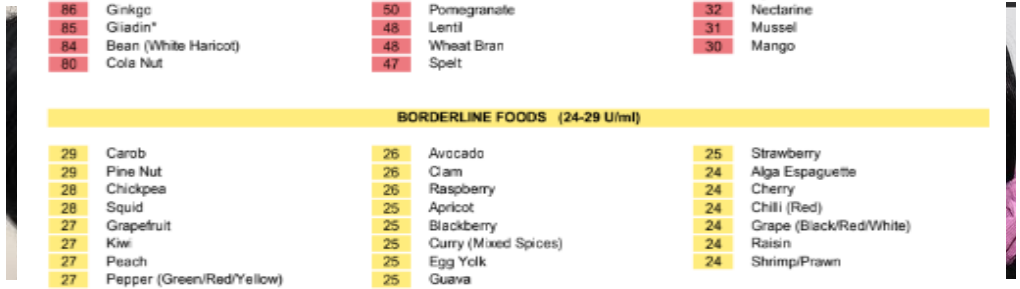
- Food Sensitivity Test
- Topical Cosmeceuticals
- Facial treatments
- Elimination Diet x 30 days
- with reintroduction

Improvement/ ffup 2/2022

- No new lesions
- Decrease in number of lesions
- Lightening of old lesions

Apr 2022

July 2023



ELEVATED FOODS (≥30 U/ml)

>160	Soya Bean	79	Almond	46	Yeast (Baker's)
155	Oat	75	Milk (Goat)	45	Squash (Butternut/Carnival)
138	Milk (Cow)	74	Brazil Nut	43	Papaya
136	Pea	72	Flax Seed	42	Malt
121	Casein	62	Wheat	42	Yuca
118	Potato	59	Lime	41	Celery
115	Egg White	59	Mushroom	41	Walnut
114	Rice	58	Bean (Red Kidney)	40	Cranberry
113	Pistachio	57	Amaranth	39	Ginger
111	Yeast (Brewer's)	57	Radish	39	Tiger Nut
102	Hazelnut	57	Winkle	38	Aloe Vera
102	Milk (Sheep)	55	Fig	38	Banana
100	Cashew Nut	55	Pear	38	Peppercorn (Black/White)
99	Barley	54	Cabbage (Savoy/White)	36	Apple
98	Peanut	53	Bean (Broad)	36	Turnip
97	Orange	53	Sunflower Seed	35	Spinach
89	Corn (Maize)	52	Coconut	34	Agar Agar
89	Plum	50	Durum Wheat	34	Rye
86	Ginkgo	50	Pomegranate	32	Nectarine
85	Gliadin*	48	Lentil	31	Mussel
84	Bean (White Haricot)	48	Wheat Bran	30	Mango
80	Cola Nut	47	Spelt		

BORDERLINE FOODS (24-29 U/ml)

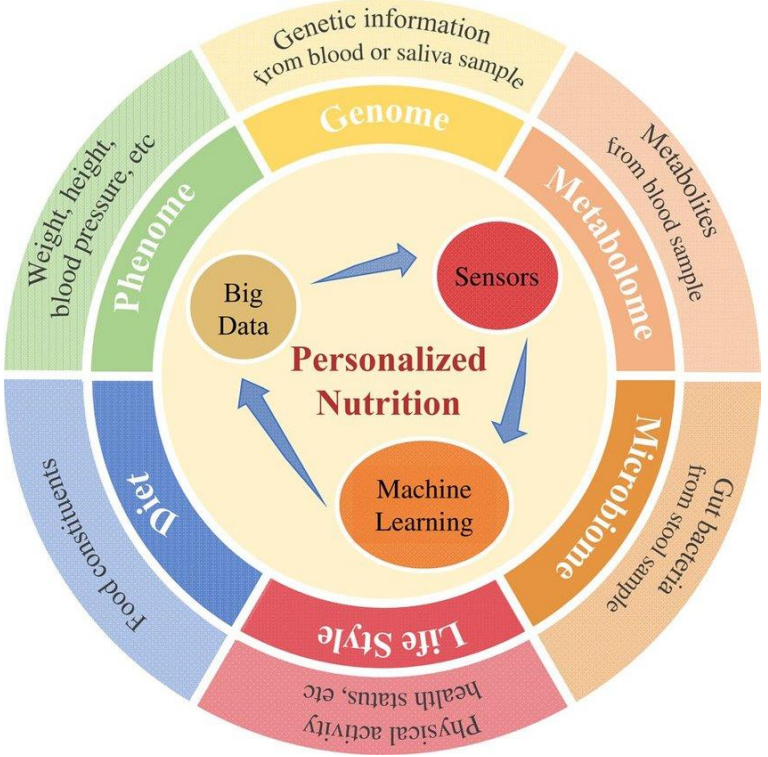
29	Carob	26	Avocado	25	Strawberry
29	Pine Nut	26	Clam	24	Alga Espaguette
28	Chickpea	26	Raspberry	24	Cherry
28	Squid	25	Apricot	24	Chilli (Red)
27	Grapefruit	25	Blackberry	24	Grape (Black/Red/White)
27	Kiwi	25	Curry (Mixed Spices)	24	Raisin
27	Peach	25	Egg Yolk	24	Shrimp/Prawn
27	Pepper (Green/Red/Yellow)	25	Guava		
27	Tomato	25	Marrow		

Personalized Nutrition for Optimal Skin Health

Tailoring Diets Based on Individual Sensitivities

- Understanding Personalized Nutrition:
  - Definition: Adjusting one's diet to improve health outcomes based on individual differences in genetics, environment, and lifestyle.

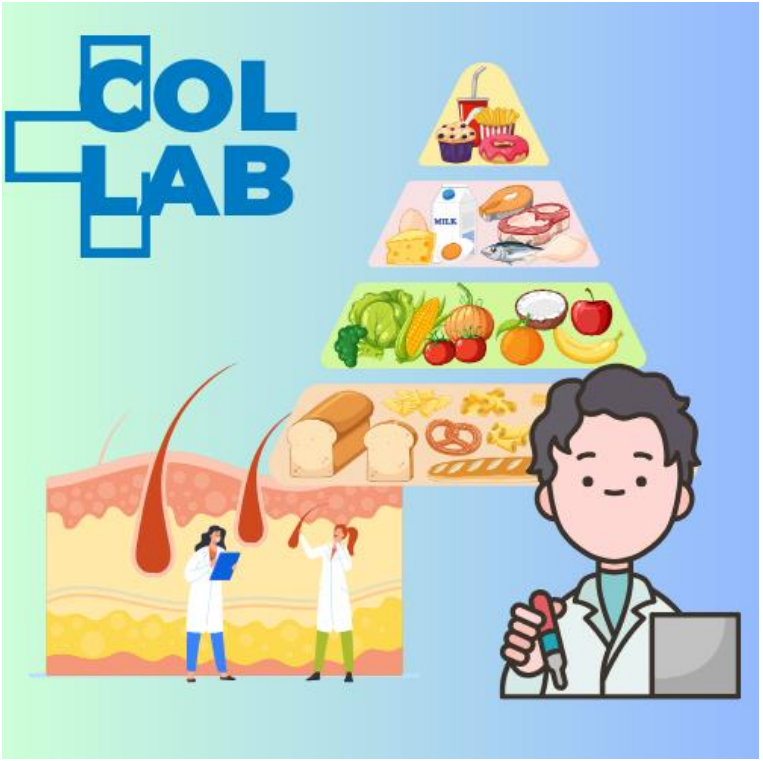
- Role in Skin Health:
  - Inflammatory Foods
  - Identifying irritants
  - Dietary adjustments



Personalized Nutrition for Optimal Skin Health

Importance of a Multidisciplinary Approach

- Collaborative Care:
  - Combining expertise from dermatologists, nutritionists, and allergists to develop comprehensive care plans.
- Benefits:
  - Improved diagnosis and treatment accuracy.
  - Enhanced patient compliance and satisfaction, prevention and Education
- Implementing Integrated Care:
  - Steps to integrate multidisciplinary care in clinical practice.



Integrating Food Sensitivity Testing into Clinical Practice

INITIAL PATIENT EVALIATION

- Conduct a thorough medical history and physical examination
- Discuss diet and symptomology to correlate potential triggers

SELECTING THE RIGHT TEST

- Choose test based in the clinical evaluation,
- Consider availability, patient condition and the cost

INTERPRETATION

- Provide the results and explain that a positive result does not necessarily mean a clinically relevant sensitivity
- Correlate clinically

Integrating Food Sensitivity Testing into Clinical Practice

MANAGING DIET AND SYMPTOMS

- IMPLEMENT DIETARY CHANGES if sensitivities are identified
- Work with the ELIMINATION DIET
- Provide DIETARY SUBSTITUTIONS

MONITORING

- Monitor changes through a MEDICAL SYMPTOM QUESTIONAIRE
- FOLLOW UP
- Adjust plans based on PATIENT'S FEEDBACK

COLLABORATIVE CARE INTEGRATION

- Engage DIETICIANS, ALLERGOLOGISTS, DERMATOLOGISTS AND HEALTH COACHES for support
- PATIENT CENTRIC CARE

KEY TAKEAWAYS

DIRECT LINK

- established connection between food sensitivities and skin health

TESTING TOOLS

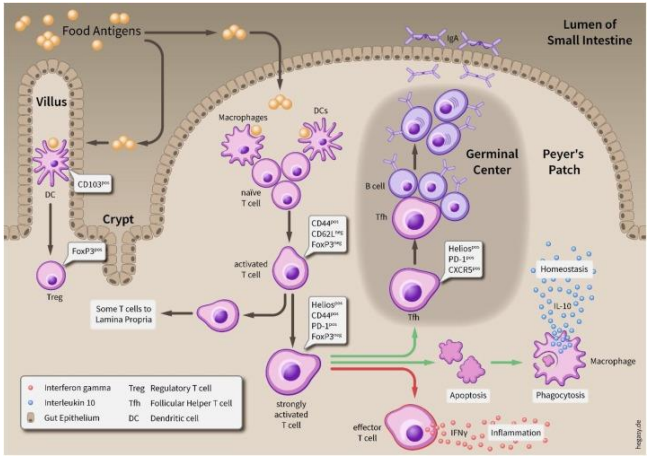
- Utility of IgG antibody testing and Elimination diets

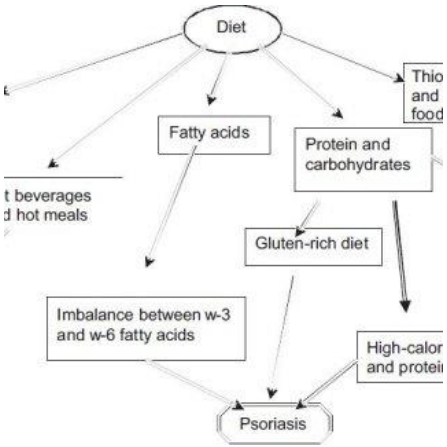
PERSONALIZED TRETMENT

- Emphasized role of food sensitivity testing in creating personalized dietary plans to manage skin conditions

CHALLENGES:

- Scientific validation
- Cost and Accessibility
- Holistic Approach





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Improving health

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