

NATIONAL BEST SELLER

DORIS RAPP, M.D.

IS THIS
YOUR
CHILD?

For
Children Who
Are Complaining,
Cranky,
Slow Learners,
Aggressive,
Hyperactive,
Unwell, or
Depressed

Discovering and Treating
Unrecognized Allergies
in Children and Adults

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CHAPTER 3

How to Recognize Unsuspected Allergies

It is often easy to recognize typical allergies, such as hay fever, asthma, or eczema, merely by looking at a child. These children are sneezing, wheezing, or scratching. The clues in this chapter provide different and at times more subtle but equally important evidence of allergy. Once they are pointed out, they will be clearly obvious to many parents. They will vividly recall seeing these physical clues in their child, but they simply were not aware of their significance. The changes in appearance or behavior that are discussed may be present on a daily or on an intermittent basis. If you suddenly see any of these changes, notice how your child looks at that time and see if "that look" is associated with other symptoms or changes in personality. For example, are dark eye circles noticed in relation to your child's temper outbursts and inability to speak clearly? Do the red ears, headaches, and inability to write or draw all occur at the same time? In this way you may be able to recognize that certain physical changes in your child's appearance provide warning signals that predict that a medical complaint or problem with learning, activity, or behavior is about to become evident. Dramatic changes in appearance, health, and personality can all be due to unsuspected allergies, and if you can spot the early clues, you may be able to prevent many problems and make your family life much less stressful.

Physical Clues Suggesting Possible Allergy

Skin

Ticklishness

Dr. Lendon Smith has said for many years that allergic children are extremely ticklish, and this has certainly been true in my practice. He is also correct in his observation that blond, blue-eyed boys are predominant in the practice of physicians who see children who have behavior and learning problems related to allergy.

Excessive Perspiration

Some infants and children always perspire much more than normal, even when it is not too hot. This may be evident anytime, but especially at night. Infants and very young children who have recurrent ear infections, in particular, tend to perspire more than normal on their forehead, or at times over their entire head. Some allergic infants or young children need their entire clothing changed several times a day. Aware parents can sometimes pinpoint exactly what is causing this intermittent problem.

Perspiration, which normally has no odor in young children, can at times be particularly offensive in some extremely allergic children. The odor can become very pungent and can permeate an entire room when some adolescents ingest or have been exposed to some highly allergenic item. These adolescents complain that the odor is difficult to eliminate with bathing. Aware adolescents or parents can relate the sudden appearance of a specific body odor directly to foods or factors known to cause certain changes in their affect, behavior, or physical well-being.

A YOUNGSTER WITH UNPLEASANT FOOT ODOR

Paul

One pleasant adolescent young man, Paul, complained that the odor of his feet was simply horrible. He was embarrassed because the smell was similar to "rotten cheese." His father had complained about the same problem for years. Both of them perspired profusely. We tested and treated Paul for two weeks for molds, and at the same time he also stopped eating all grains and milk products. He was amazed to

find that although his feet continued to perspire, there was absolutely no odor. In time we found that wheat was the cause of this problem. If he binged on wheat, the odor quickly returned.

His father then decided to stop eating wheat. Two days later his feet smelled so nice that his wife kissed them! We assume that Paul's wheat allergy extract therapy has helped relieve his wheat-related foot odor because he can presently eat wheat, in moderation, without developing smelly feet.

Pale Face

The face of an occasional allergic child can appear so abnormally pale that many people comment that the child looks anemic. In older children or severely allergic chemically sensitive adults, the face may be a characteristic ashen or a peculiar gray-yellow color, associated with pale cheek areas and a slight yellowish swelling of the outer lip edges.

Expressionless Face

Many youngsters develop a spaced-out look when they are having an allergic reaction. They lack their usual animation and their face looks expressionless. At that time they often are not thinking well or correctly. They look as if they do not hear what you are saying. If this look is associated with red earlobes, wiggly legs, and dark eye circles, it helps parents recognize that the child's brain may be affected by an allergy.

A NINE-YEAR-OLD BOY WHO REACTED TO CORN

Mike

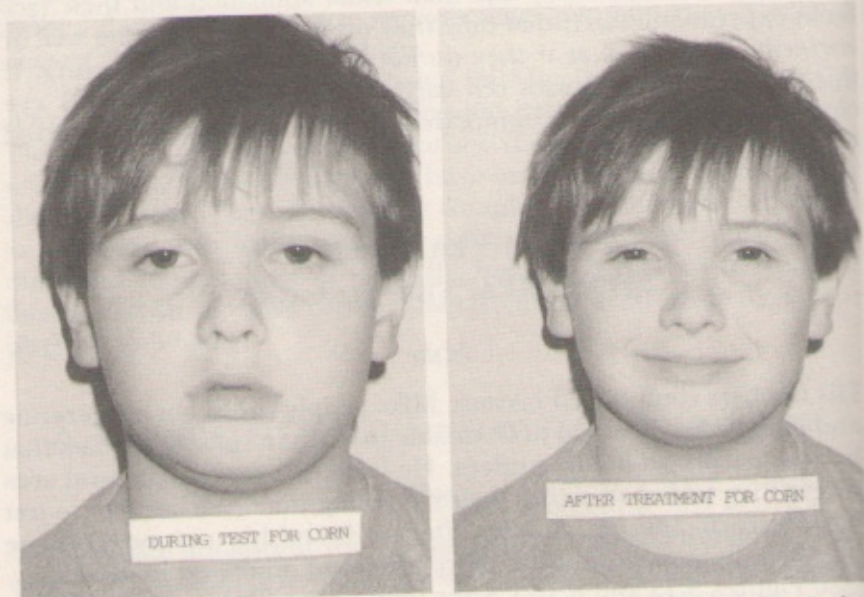
His teachers complained because Mike simply could not concentrate and inexplicably seemed to be unable to learn in spite of the fact that he was usually an honor student. He lived in a somewhat rural area where they were harvesting the corn at that time. We decided to test him for corn, and ten minutes after we found his treatment dosage for corn, he appeared to be more alert and animated immediately. (See Figures 3.1a and 3.1b.) After treatment with his allergy extract for corn he was much more alert in school and his school performance returned to its original superior level.

Nose

An unusual clue is the red nose tip. This happens in both children and adults. The cause and effect happen so quickly that it is often easy to pinpoint which food, beverage, or exposure is at fault. This is frequently noted after the ingestion of grape juice or wine in allergic adults. It is usually attributed to the dilatation of blood vessels normally caused by alcohol, but at times it may provide a vivid clue to an unsuspected allergy.

Eyes

Typically allergy can cause red, itchy, watery eyes. The following specific eye symptoms are often noted in many allergic children, but particularly in children who have activity or behavior problems: They frequently have bags under their eyes or dark eye circles (see Figures 2.1 and 2.2). Many have wrinkles under their eyes (see Figures 2.3 and 3.2), which are particularly, but not exclusively, evident in children who have eczema (see Figure 2.7). Some children develop glazed



Figures 3.1A, 3.1B. These photos demonstrate the physical and emotional changes that occur during allergy testing.

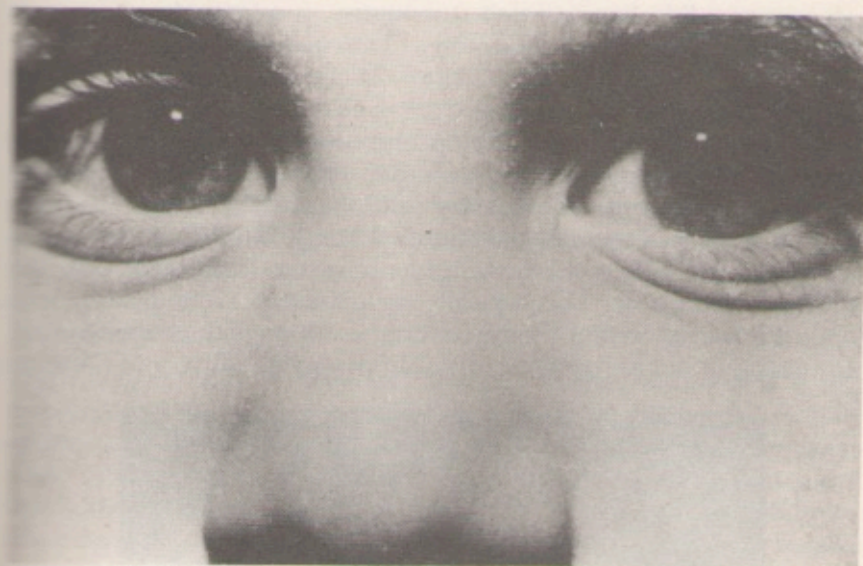


Figure 3.2. Typical allergic eye wrinkles

eyes and appear spaced out during allergy-related temper tantrums. You scream, "How many times do I have to tell you," but you see that your words do not even register. This can be due to allergies affecting the brain. Sometimes these children really don't hear until they look, act, and feel normal again. At times they truly don't remember what they did that was wrong.

Eye allergies sometimes cause such an extreme sensitivity to sunlight that dark glasses are needed whenever a child is outside, at times even when a child is indoors.

One adult clearly illustrates how vision can be affected by odors. She had extreme chemical sensitivities, and her eye physician had just built a beautiful new office building that had an overwhelming odor of the many chemicals found in new construction materials. After her eye examination she found she could not see with her new glasses. She returned to the same office with a portable oxygen tank. During this eye exam she breathed oxygen from the tank constantly. This eye examination revealed that the previous lens prescription had not been correct; when the new glasses were prepared, she could

see well. Scientific studies by Dr. Satoshi Ishikawa's group have documented that aerial chemical sprays with malathion certainly can adversely and measurably affect eye function.¹

Ears

Red Ears

Children often suddenly develop one or two brilliant red earlobes after specific allergenic exposures (see Figure 3.3). These children (or adults) may comment that their earlobes feel very hot. This often precedes or accompanies the so-called Dr. Jekyll/Mr. Hyde personality changes. These children suddenly switch from being adorable to being impossible. This typically occurs within an hour after some children ingest certain foods, beverages, or medicines that contain, for example, sugar, dyes, or corn. Molds, pollen, dust, and mites can



Figure 3.3. Outward symptoms can appear on children as early as infancy. Notice the discoloration of the ear on this toddler.

1. S. Shirakawa, Satoshi Ishikawa, M.D. et al., "Evaluation of the Autonomic Nervous System Response by Pupillographical Study in the Chemically Sensitive Patient," *Clinical Ecology* 7 (2) (1990).

cause similar changes during P/N allergy testing or after direct exposure to these items.

One word of caution in relation to this and the other clues mentioned in this chapter: There are often innumerable causes for the same physical change or complaint. Fair-skinned children can develop red ears just from being in a hot room, so please don't interpret every red ear as an allergic reaction.

Some children develop an acute sensitivity to normal sounds when they are having an allergic reaction. If someone speaks in ordinary tones, they cover their ears, scream that the voice is too loud, and run to some silent sanctuary. This same response can occur at home after exposure to allergenic substances, as well as during routine P/N allergy testing.

Recurrent Ear Infections

Beginning in early infancy and through early childhood it is not unusual for some allergic children to develop fluid behind their eardrums and to have one ear infection after another.² This can cause some infants of normal intelligence to speak late and learn more slowly, because they cannot hear well. In addition, these children often have associated nose, sinus, or lung infections. They receive antibiotic after antibiotic, and this in turn can cause an overgrowth of candida or yeast, which upsets the delicate balance of microorganisms normally present in the intestines. (See Chapter 23 and Eve and Jimmy, Chapter 13.)

Cheeks

Bright, red, circular, rougelike cheek patches are seen in many allergic children, particularly if they eat a food to which they are sensitive. These patches look like round circles of rouge and are particularly evident in children ages one to four years (see Figure 3.4).

Lips

Certain foods or substances that touch the lips, such as toothpaste or bubble gum, can cause a rash below the lower lip or around the entire mouth. Occasionally children or adults who have food allergy ner-

2. R.J. Hagerman and A.R. Falkenstein, "An Association Between Recurrent Otitis Media in Infancy and Later Hyperactivity," *Clinical Pediatrics* (1987) 26, pp. 253-257.



Figure 3.4. Red patches on the cheeks often appear during an allergic reaction.

vously lick some area around their lips. Sometimes the lips are dried and cracked, especially if a child has to mouth-breathe because of nose allergies. Rarely, the lips swell until the child's appearance is distorted. During some allergic reactions the swollen lips can feel like hard rubber.

Many older children and adults have a distinct yellowish discoloration and slight puffiness along the entire outer border of their lips. This is especially evident in severely food-allergic adults.

Excessive Drooling

At any age, from infancy on, excessive drooling can be directly related to exposure to certain offending beverages, foods, or odors. All normal infants drool when their teeth develop, but allergic infants can drool so excessively that their socks are wet. Some need constant bib changes all day long. Some normal and many retarded children also can drool an extreme amount of saliva. After an allergic exposure this problem can suddenly become so severe that a stream of thick, frothy saliva can extend from a youngster's mouth all the way to the floor. (See Laurie, Bill, and Roger, Appendix E.)

If your dentist comments about the extreme amount of saliva in your child's mouth, think about allergy. Excessive saliva can cause unintentional spitting during ordinary conversation. In some children and adults it can cause a rash or irritation in the corners of the mouth. A vitamin B₂ deficiency can also cause the corners of the mouth to be excessively moist.

Gums and Cheeks

Some children tend to develop ulcers or open sores on their gums and inner cheeks called canker sores. These can be caused by eating too much of certain foods. One frequent cause is an excessive amount of orange juice or vitamin C. Certain flavors of toothpaste, salty foods such as potato chips or pretzels, or acid foods such as pickles, tomatoes, or vinegar salad dressings are also common causes. Detailed diet records may provide answers.

Remember, however, there can be a delay of a few to twenty or so hours between eating a food and the appearance of a canker sore in the mouth. Once a sore has developed, it takes several days for that area to heal.

Tongue

Patchy Tongue

Normally your tongue should be evenly coated so that it seems to have a generalized pink color. If you see bare islands of naked, red-dish tongue surrounded by the normal pink color, it often indicates a food allergy (see Figure 3.5). This is called a geographic tongue because the bald, naked patches make the tongue look like a map. These changes can occur within a few hours after certain offending foods are eaten. The tongue may appear abnormal for several days.

Teeth Marks on the Tongue

Teeth indentations on the edges of the tongue can indicate a digestive disturbance. Check with a nutritionist or gastroenterologist.

White Tongue

If someone's tongue has a very thick white or grayish-white coating most of the time, this suggests a possible chronic overgrowth of yeast. At times the tongue can also appear geographic and this is unrelated

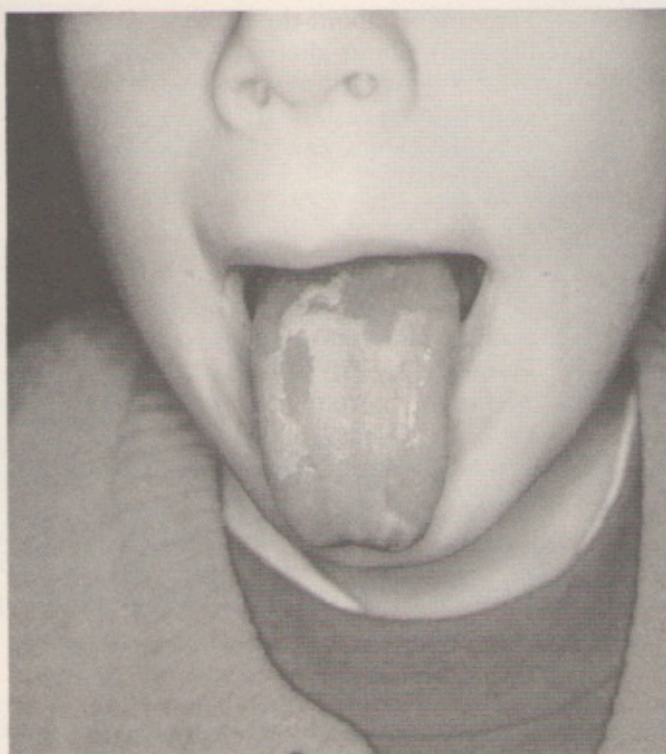


Figure 3.5. A discolored and patchy tongue is labeled a "geographic" tongue, another symptom of previously unrecognized allergies.

to an allergy. This is commonly noted in children who have needed frequent and prolonged courses of antibiotics (see Chapter 23) and the tongue improves after treatment with mycostatin or nystatin.

Excessive Thirst

Excessive thirst is not always associated with a hot day or exercise. Sometimes it can indicate infection, a kidney problem, diabetes, an essential fatty acid deficiency, or an allergy. Some children who have ecologic illness have an insatiable desire to drink and/or eat. If these symptoms are due to allergy, they often subside after the children respond to a comprehensive allergy treatment program or after the Multiple Food Elimination Diet (see Chapter 8).

Speech

Motor Mouth

The speech of children who have allergies can change dramatically. Parents commonly complain that their child has a "motor mouth," along with hyperactivity. These children ramble on and on endlessly, yet the content of their speech is limited. Such children may never be at a loss for words, but after allergy therapy their speech tends to contain more substance.

Whining Repetition

Young toddlers or children tend to whine and repeat the same sentence over and over again. Even if you give them what they want, they continue to ask for it or something else. If they repeatedly ask for a specific food in this manner, they are often telling you exactly what causes their allergies.

Stuttering or Unclear Speech

Allergies can make some children speak very quickly, others to stutter, and others to talk unclearly or slur their words. These are usually intermittent problems, but be suspicious of a food if your child's speech changes occur shortly after some food is eaten or after an exposure to some odor.

High-Pitched Voice

Adolescent girls and women who have unrecognized allergies tend to intermittently develop a high-pitched rapid manner of speaking. At those times their shoulders may be raised, and they frequently complain about sore upper-back and neck muscles.

Unusual Sounds

Some young children bark, grunt, moan, mimic a crow, dog, or rooster, or make other strange sounds. Surprisingly these sounds, at times, can be related to eating certain foods or exposures to specific allergenic substances. Teachers will often complain that their noises interfere with classroom teaching and learning. Yes, some children do it only for attention, but at times it can indicate an allergy. Look for associated facial or ear changes.

Hoarse Voice

The most common causes of a deep, hoarse voice are yelling, screaming, or an infection. Sometimes, however, it indicates a potentially serious allergic reaction in the larynx or voice box. Chemical odors and foods, in particular, can sometimes cause sudden hoarseness or a total inability to speak. This indicates a need for immediate medical attention to prevent suffocation. Sudden swelling of the laryngeal area in the back of the throat is a medical emergency. Although an antihistamine or an asthma pill may be helpful, a spray-type asthma medicine or an injection of adrenaline would be more effective. (See Chapter 26.) A physician's expertise should be secured as soon as possible to prevent or treat such episodes. If it is a recurrent problem, the older child himself or a parent should be taught how to give an injection of adrenaline.

Hands and Feet

Most children and adults who have ecologic illness complain about cold hands and feet. We really do not know why, but it may reflect a problem with their histamine blood levels. This is a particularly common complaint in allergic females. Correct treatment for allergies will at times relieve this problem.

Some children with yeast problems have an odor to their hands and feet that lingers, even after bathing. Occasionally mold-sensitive allergic individuals complain about smelly, moist feet. Food allergies also sometimes cause this problem.

Legs

Leg aches at night, either in the calves, ankles, or thighs are extremely common in children aged two to five years. Mothers are familiar with this complaint because they have to rub their child's legs at night or carry their child in malls or home from school because of leg pain. Older children are less frequently bothered. They sometimes wrap their legs in warm towels to obtain temporary relief. These aches are unrelated to exercise or tight shoes or socks. Again, milk or dairy products are common but not the sole cause of this problem. (See Linda and David, Appendix E.)

A few infants, but many children and adult males, in particular, tend to have wiggly legs. Others don't just wiggle their legs, they have

to move frequently when they sit in order to reposition their lower extremities or they feel uncomfortable. Some children and adults wiggle their legs rapidly back and forth shortly after they have eaten allergenic foods. Restless legs that do not ache or hurt are a common complaint of some schoolchildren who simply can't sit still. This can be caused by many factors, but it is commonly due to a sensitivity to dairy products in particular.

Some very chemically sensitive older children and adults complain that their calves and feet burn if they wear plastic shoes, vinyl shoe inserts, or stand and walk for long periods of time on synthetic carpets. Muscle aches; strange, localized tender skin spots; and weak extremities are not uncommon in some allergic children or adults. These complaints occur, in particular, when a chemically sensitive person walks through a typically highly air-polluted shopping mall or hospital.

Less obvious causes include chemicals, for example contact with a synthetic carpet or sitting on plastic chairs or furniture. Even electromagnetic emanations from fluorescent overhead lights, television sets, or computers can cause some children to wiggle and act agitated, especially in school. Coffee, tea, or chocolate can also cause non-allergy-related wiggling due to the excessive stimulation of caffeine, but not all wiggling due to chocolate or beverages is due to caffeine. It can be due to an allergy to the cocoa bean or coffee bean.

FATHER AND SON WITH INCREASED ACTIVITY DUE TO CHOCOLATE

Bart and His Dad

We saw Bart initially because he became hyperactive after eating chocolate. He and his dad both had wiggly legs from chocolate. His mother determined that cocoa was one of Bart's problem foods. She gave him some chocolate after he had not eaten it for two months, and within a half hour he was screaming and kicking.

His father was a classic confirmed chocoholic. He had craved chocolate for years and admitted that all his baby teeth had cavities because he was always drinking or eating chocolate. As a young child he routinely received chocolate bunnies that were almost as large as he was from his loving aunts. He said he often ate so much he would have morning nausea and almost vomit or pass out.

As an adult his addiction persisted. He would start his day with

a cup of hot chocolate. In the car he would have another cup and then eat a couple of chocolate bars. He drank cola for lunch. (Cola is in the same botanical family as chocolate and can cause an interchangeable type of addiction.) He ate more chocolate intermittently throughout the day. In the middle of the night he often awoke in need of another fix. M&M's were always close by. He said he was truly apprehensive, anxious, and ready to panic if there was no chocolate within arm's reach. His history sounds similar to that of an alcoholic or heroin addict because he needed a steady supply of chocolate to feel well.

When he ate chocolate, he noticed that his ears would tingle and become hot and red. He and his wife noted that his perspiration seemed to have a strong odor after he binged on chocolate. He was oblivious to the noise that his restless legs made banging away against the side of his metal desk at work. He tended to combine the disturbing repetitive sounds of his vibrating desk with pencil tapping as he fidgeted. His co-workers were often upset by his aggravating "nervous" habits. Chocolate also tended to make him irritable, which at times led to some serious interpersonal problems at work and at home. His wife said that chocolate caused his voice to become high-pitched, and he would speak so rapidly he sometimes stuttered.

We reproduced the typical wiggly legs in both Bart and his dad with a few weak drops of cocoa allergy extract during P/N testing. Bart also became hyperactive, whereas his father developed his characteristic rapid speech, red ears, increased perspiration, cough, and throat clearing. After each one received a drop of his appropriate dilution of a cocoa extract, all symptoms subsided in both Bart and his father.

A BOY WITH WEAK LEGS

Don

This youngster had a slightly different problem with his legs. His complaint was weakness. He simply could not stand up.

Don (age three) told his mother his legs "would not hold him up," and he would fall down repeatedly. We eventually determined that wheat was the major recurrent cause of this problem. We could produce and eliminate this weakness at will either by feeding him wheat or by using the newer methods of P/N allergy testing.

On one occasion, when he was five, his kindergarten teacher called

to state that he could not get up from the floor. His mother immediately asked, "What did you feed him?" Cookies was the answer. She reminded the teacher that wheat caused this type of problem and rushed to his school. After being given his neutralization allergy treatment for wheat and a dose of an alkali he was up and walking within a few minutes. (See Chapters 8 and 25.)

He responded favorably to his extract treatment and his comprehensive allergy treatment program and in time he was able to eat wheat without any further episodes of leg weakness.

Joint Stiffness

Joints that are painful on damp days suggest a possible mold sensitivity. Stiff fingers in the middle of the night often indicate that some food eaten during the previous evening was not well tolerated. Ask which of the following foods was craved? Red meats (such as beef or pork), grains, tomato, potato, peppers, or tobacco are a few common causes of this type of discomfort. Sometimes the cause is a beverage such as coffee, tea, or cola. Think of an individual's favorite foods or beverages first. Again, do not forget chemicals, especially exposure to natural gas stoves or furnaces. Handling chemically treated school papers or meat-wrapping paper also can cause this type of complaint in some sensitive persons.

Sometimes arthritic adults find their joint pains disappear shortly after they go on a vacation but recur as soon as they return home. They should carefully evaluate their home environments. The answer is probably something inside their houses or in the air in their hometowns.

A tall, handsome fifteen-year-old noted that he could not sit on his legs. His mother discontinued all grains and milk for two weeks while he received allergy treatment for grains and molds. He was amazed to find that for the first time in about six years he was able to sit on his knees without any difficulty. He was more limber and could change from a sitting to a standing position much more easily. His mother added these foods back one at a time and noticed that when he ate an excess of wheat products, this problem recurred.

Every May a forty-three-year-old woman was seen in my office. She repeatedly complained of fatigue and pain in her knee, elbow, and hand joints when the grass pollinated. When her sublingual grass allergy extract dosage was correct, these symptoms subsided quickly. Another woman found that orange, in any form, repeatedly caused severe back spasm. This observation prevented her need for back surgery. Some nutritionists claim that niacinamide in conjunction

with a comprehensive nutritional program relieves some osteoarthritis.³

*Bladder Problems*⁴

Some allergic children seem to have spasm of their bladder rather than their lungs. Their allergies cause them to wet their pants, not to wheeze. They can wet their clothing in the daytime, but it is more frequently only a nighttime problem. Most children do not wet the bed beyond the age of five years. If bed-wetting persists, a pediatric urologist is sometimes needed. (See Eve, Chapter 13, and Julius, Chapter 20.)

At times when the bladder is affected by allergies, these children will have to race wildly to the toilet, or else they wet or "have an accident." Mothers often believe the children are so busy playing, they don't want to take the time to urinate. In reality the cause may be an inability to delay the need to void for a normal period of time. Others tend to need to urinate much more often than normal. Of course there are many physical and emotional reasons for these types of complaints, but if your child has other evidence of allergy, think about foods, dust, molds, and chemicals. The major beverages that cause urination problems of this type are milk and apple, orange, grape, or pineapple juice. This is particularly true if any of these are a favorite beverage.

You can readily determine whether these drinks are a factor by not giving your child any fruit and then for the next five days giving only water as a beverage. Then add back milk on one day, apple juice the next, and so on. Some mothers notice that their children are totally dry for the first time in ages during the two-week Multiple Food Elimination Diet. In a few days it may be obvious that the bed-wetting has stopped, and during the second part of the diet it is easy to see which foods cause a wet bed. If the cause is molds or dust, a child may wet only on humid days or after exposure to a dusty place. Some tend to wet their pants shortly after a meal that contains an offending item. This can cause embarrassing school problems, which can be made less evident if a child wears dark-colored trousers.

Your suspicions can sometimes be confirmed easily during P/N allergy testing. I vividly recall one little boy who was being skin-tested for pineapple. He immediately pulled down his pants and created a

3. Jonathan Wright, M.D., *Dr. Wright's Guide to Healing with Nutrition*, Emmaus, Pa.: Rodale Press, Inc., 1984.

4. Patrick Kingsley, *Conquering Cystitis* (London: Ebury Press, n.d.).

way pattern of urine on the floor and carpet as he rushed toward the bathroom. Other children merely go to the bathroom very frequently when an item is being tested that causes their bladder to suddenly feel full.

Sometimes a child's bed-wetting improves on a particular diet but some accidents still persist. A youngster might wet only twice rather than seven times a week. If your regular doctor can't find the answer and your child's urine examination is entirely normal, your child may need to be seen by a pediatric urologist. There may be some anatomical defect that is contributing to the urination problems, and once that is corrected, there may be no further difficulty. In other words, if bed-wetting improves but persists, it may respond to a combination of allergy treatment plus therapy for some physical or emotional problem that can easily be remedied.

Sleep Problems

Some allergic children cannot get to sleep, stay asleep, or get up very early in the morning. At times they are inordinately restless and the bedding is a jumbled mess when they awaken. Other children have frightening nightmares. Merely keep records of what was eaten at bedtime or during the evening meal. The answer may be obvious. In other children the sleep problems are related to some change in the bedroom, such as sheets dried with a fabric softener or a new furniture polish. (See Chapters 6 and 27.)

Pimples on the Buttocks

Food-sensitive children often have little pimples scattered about the rounded portion of their buttocks. This can be noted from early in infancy to adolescence.

Scalded Buttocks

Mothers often notice that their infant's buttocks look lovely, yet by the time of the next diaper change the buttocks are suddenly red and appear scalded. This commonly occurs when an offending food has been passed in a baby's most recent bowel movement. The cause in a totally breast-fed infant can be a food the mother ate that passed from the breast milk into the infant. (See Chapter 4.)

Of course sometimes diarrhea can also cause red, irritated buttocks. Yeasty diaper rashes also cause redness, but the buttocks do not appear scalded. A yeast rash is usually quite red. It has a distinct

border with little spots scattered along the outer edge. The rash is often worse in the groin area between the legs and abdomen or in the folds of the skin.

Some babies are sensitive to some ingredient in disposable diapers or the soap or fabric softeners used to wash cotton diapers. A change to another type of diaper or soap often resolves this type of problem. (See Linda, Appendix E.)

Soiled Underwear

Some children's bowels leak so there is a spot of feces on their underwear. This can be caused by foods such as raisins, grapes, apples, or even by pollen.⁵ One little boy routinely soiled his underwear whenever his grass allergy extract treatment dosage was not correct. This same youngster stuttered and blinked excessively during the fall months when ragweed and molds were prevalent and had an increased pulse rate in the early spring months when tree pollen was a problem. These symptoms were evident only when his extract treatment for these items were not exactly right. As soon as his neutralization allergy extract treatments were adjusted, these varied seasonal symptoms subsided.

Red Ring About Anus

Children who have had repeated prolonged courses of antibiotics for infections often develop a red ring around the anus (see Figure 3.6). This can indicate a yeast (candida or monilia) problem. (See Chapter 23.) This responds well to appropriate treatment.

Genitals

Infants often begin to touch or "dig at" their genitals as soon as their diaper is removed and sometimes even while it is being worn. Young children cause disturbances in the classroom and at home because they can't stop touching their genitals. This is often attributed to tight underwear or clothing, or to pinworms. In my experience this is very commonly due to an unsuspected overgrowth of yeast after the repeated need for antibiotics. After proper therapy this complaint dis-

5. Doris J. Rapp, M.D., *The Impossible Child*. 1989. Practical Allergy Research Foundation (PARF), P.O. Box 60, Buffalo, NY 14223-0060.



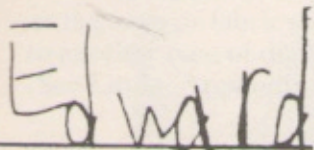

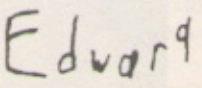
Figure 3.6. The red ring around the rectal area often indicates a candida or yeast infection in a child.

appears, along with the red rectal area, white-coated tongue, and smelly hair and feet.

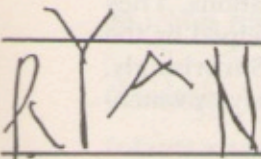
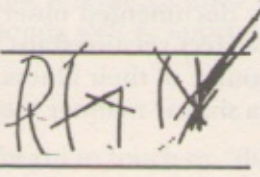
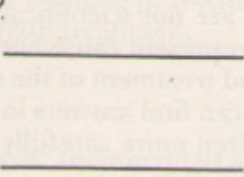
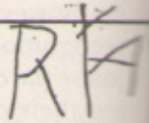
Of course, the various medical conditions of many of the children just described are not scientifically documented observations. They do, however, represent cause-and-effect relationships helped by the recognition and treatment of the source of their illness. Surprisingly, many parents can find answers in a similar manner merely by watching their children more carefully.

Changes in Writing and Drawing Can Also Reveal an Allergy

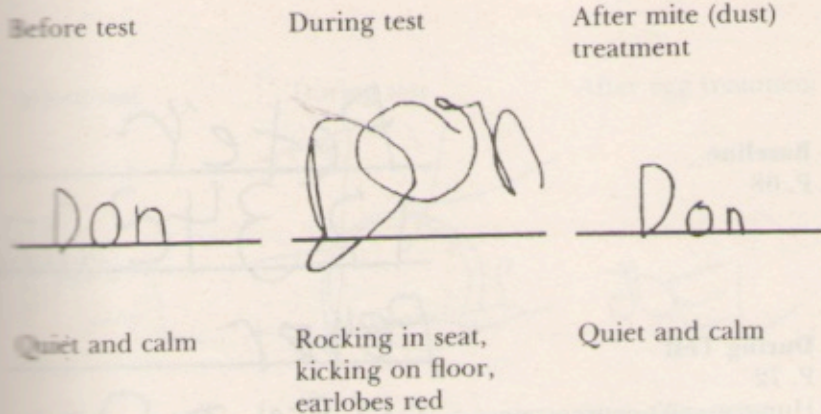
When some allergic children react to foods or exposures, their writing can change quite dramatically within a few minutes. The child who abruptly becomes moody, depressed, or withdrawn will write very tiny (see Figures 3.7–3.9) or refuse to write anything (see Figures

Writing before school-air allergy test	Writing during allergy test	Writing after school-air allergy extract therapy
		
Feels well, acts normal	Withdrawn, throwing toys, headache, red ears, earache	Ears less red, headache and earache gone, behavior appropriate

Figures 3.7-3.9. Writing size changes during allergy extract testing.

Before disinfectant exposure	During disinfectant exposure	Peak of disinfectant reaction	After oxygen treatment for disinfectant exposure
			
Normal activity	Whining, crying, tired	Refuses to write	Normal activity

Figures 3.10-3.13. Child refuses to write during allergy extract testing for disinfectant aerosol.



Figures 3.14-3.16. During a test with mite (house dust) allergy extract, this eight-year-old boy's handwriting becomes very large.

3.10-3.13). The hyperactive child will write very large (Figures 3.14-3.16) and often sloppily (Figures 3.17-3.20). The angry, aggressive child will stab or crumple the paper and then break the pencil and throw it at you. The child who becomes vulgar will write an explicit, embarrassing note (Figures 16.1-16.3, page 348). The learning disabled or very young child will suddenly write backward (see Figures 3.21-3.23), upside down, in mirror images (Figures 3.24-3.26) or be unable to write clearly or correctly. They will be unable to write the alphabet (see Figures 3.27, 3.28) or a sequence of numbers.

Similarly, the ability to draw can be altered during allergic reactions. Young children will suddenly be unable to color within the outlines in coloring books. Hostile children will draw bloody knives, skulls (see Figures 21.1, 21.2, page 414) and cemetery headstones in dark colors (see Figures 18.1, 18.2). Within a few minutes after appropriate allergy extract treatment, such drawings can change to brightly colored hearts and flowers. Figures 3.29, 3.30, and 3.31 show how an eight-year-old will draw a happy picture before a test for mites, become angry and draw himself unhappy during the test, and then after the neutralizing dose, his picture is again happy, showing a smile and butterflies. These changes provide dramatic evidence that the brain can be altered quickly and reversibly by an allergenic exposure followed by appropriate allergy extract treatment.

Baseline

P. 68

Peter
 1 2 3 4 c 2 7 8

During Test

P. 72

Hungry, can't concentrate

Peter
 1 5 5 4 5 6 7 8 9 10

During Test

P. 72

Hungry, can't concentrate

Peter
 1 2 3 4 5 6 7 9 0

After Test

P. 64

Not hungry,
can concentrate

Peter
 1 2 3 4 c 2 7 8 9 10

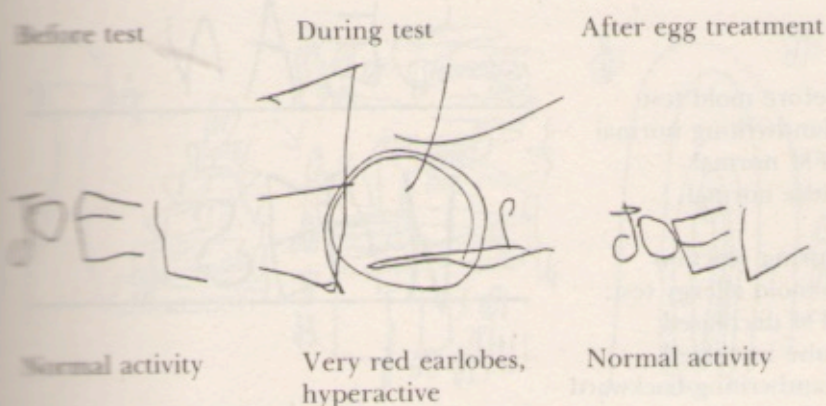
Figures 3.17-3.20. During a test with peanut allergy extract in a six-and-a-half-year-old boy, his handwriting becomes sloppy.

Other Common Problems That Might Be Related to Allergy

Although not frequently recognized, it appears that hypoglycemia, obesity, and alcoholism can sometimes be related to an undetected allergy.

Hypoglycemia

One major area of confusion for children, parents, educators, and physicians is hypoglycemia. You can sometimes tell if this is a problem



Figures 3.21-3.23. During a test with egg allergy extract in a four-year-old, his handwriting changes to backward and upside-down.

by noticing if your child asks for food or demands it immediately (see Table 3.1). Does your child kick the refrigerator when he's hungry? Does your child tend to become irritable, tense, argumentative, tired, impossible to please, show a change in personality, or seem unable to concentrate at about 11:00 A.M. and again sometime between 3:30 P.M. and 5:00 P.M.? We find that an inordinate number of allergic children appear to have hypoglycemia. Fortunately the hypoglycemic and allergic symptoms both tend to subside when certain children respond favorably to comprehensive allergy care. (See Sidney, Chapter 28.)

Drs. William Philpott and Dwight Kalita discuss their observation in their book.⁶ They note that the blood sugar of some children changes dramatically due to exposure to allergenic substances. They suggest that in these cases the pancreas can be the area of the body affected by allergies. In other words, instead of developing asthma after eating a problematic food, some people develop an alteration in the insulin production of their pancreas, causing a temporary abnormal lowering of their blood sugar. If the pancreas is affected instead of the lung, a child can develop low blood sugar instead of

6. William Philpott, M.D. and Dwight Kalita, M.D., *Brain Allergies: The Psychonutrient Connection and Victory Over Diabetes* (see bibliography).

Before mold test:
Handwriting normal
PFM normal
Pulse normal

SEAN

During reaction
to mold allergy test:
PFM decreased
Pulse increased
Handwriting backward
and written right to left

NAES

After correct
mold allergy treatment:
Handwriting normal
PFM elevated
Pulse normal

SEAN

Figures 3.24–3.26. A learning-disabled child demonstrates writing in mirror-images during allergy extract treatment.

Baseline

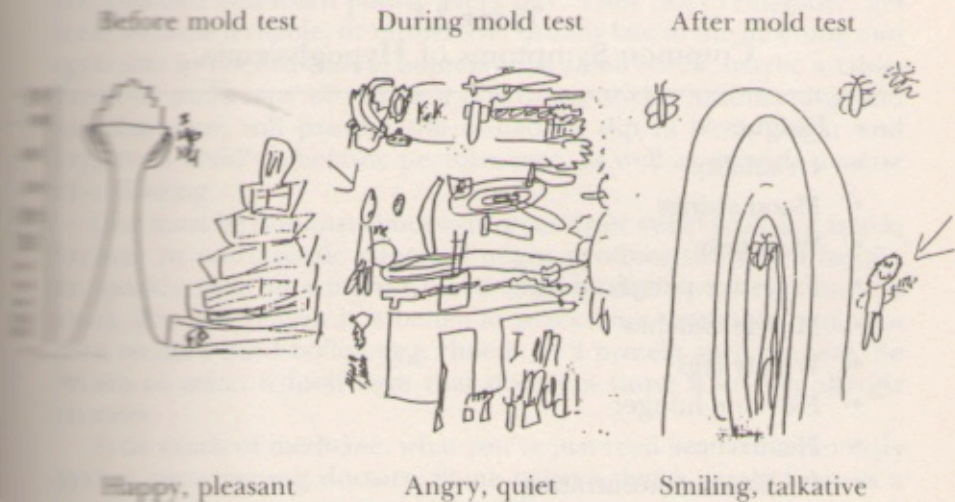
1234267890

After exposure

1234567890

1234567890

Figures 3.27–3.28. Notice this child's inability to write numbers correctly minutes after exposure to cleaning fluid.



Figures 3.29-3.31. Personality changes during allergy extract treatment are noticeable through drawing samples.

asthma. If an allergy can affect different areas of the body in each individual, why not the pancreas?

Dr. Philpott has studied many children who have hypoglycemia. He found that some children develop a sudden drop in their blood sugar when they are skin-tested for an allergy. These children often respond, as do patients who have classical asthma or hay fever, to appropriate comprehensive allergy and environmental therapy.

Hypoglycemia is one example that clearly illustrates how the beautiful balancing that automatically takes place in healthy bodies can sometimes fail. When our innate system of checks and balances works improperly, hypoglycemia can develop.

Most substances in our blood must be present within a specific range, which is called normal. When anything is either too low or too high, some marvelous biological factors come into play to bring everything into balance again. When hypoglycemia occurs, however, it indicates that these biological changes need a bit of fine-tuning. The blood sugar should ideally range between 80 and 120 mg/cc. If it is below 80 or above 120, there can be a problem. In very simple terms, if your fasting blood sugar is too high, or above 120 mg/cc, you might have diabetes. If that blood sugar is too low, or below 60 mg/cc, you probably have hypoglycemia.

TABLE 3.1
Common Symptoms of Hypoglycemia

-
- Fatigue
 - Irritability
 - Mood swings
 - Weakness
 - Excessive perspiration
 - Muscle twitches
 - Wiggly legs
 - Extreme hunger
 - Headaches
 - Problems concentrating
 - Dizziness
 - Anxiety
 - Heart palpitation
-

To illustrate what happens, let's imagine you ate a hot fudge sundae. This quickly causes a surge in your blood sugar level. A silent alarm goes to your pancreas saying, "We must immediately correct this deluge of glucose." The message indicates a need for more insulin to lower the blood sugar level back to the normal range. Usually just the right amount of insulin is released and everything is fine. But in hypoglycemics the pancreas can be too exuberant and too much insulin is released. If the mark is overshot, the blood sugar can dip too low, causing symptoms of hypoglycemia. Then another silent signal goes to the sugar storehouse in the liver saying, "Please release more sugar into the blood as soon as possible." In this way the blood sugar level is again brought into the normal range and a proper glucose balance is restored.

A low blood sugar level is not always due to an enthusiastic pancreas. The liver may be nonresponsive. The release of sugar may be delayed or the liver may not have enough sugar in storage. The result is the same: The body's blood sugar falls below the normal range.

If the blood sugar level in humans falls below 60 mg/cc, it can cause the brain to act sluggish or confused so that it becomes difficult

to think, learn, remember, or act appropriately. Some children have this problem and learn poorly every day. They can't remember, get tired, become irritable, or misbehave, usually late in the morning and again late in the afternoon. Sometimes a small snack, maybe a tablespoon of some type of nut or a few carrot sticks, midmorning and midafternoon, will prevent the unnatural dip in blood sugar and improve a child's scholastic performance, as well as provide a sense of well-being.

One must be cautious about eating candy or sweet fruit as a snack, because an enthusiastic pancreas might produce too much insulin too quickly, thus allowing the blood sugar to dip too quickly and too much. For this reason it is better to snack on a vegetable, nut, rice cake, seeds, a hard-boiled egg, cheese, or a protein such as meat. Be certain to select a food item that does not cause a known allergic reaction.

As in much of medicine, what you've just read is not unanimously agreed upon among doctors. Some believe that a single fruit as a snack will not cause any problem. The bottom line is which snack seems best to prevent or relieve your child's symptoms.

When we obtain a five-hour Glucose Tolerance Test (GTT), certain children appear to have obvious hypoglycemia. They often develop typical symptoms at the same time that their blood sugar drops. The reactions usually occur about three to four hours after they drink a glucose test solution made of corn sugar or dextrose and flavored with lemon.

Surprisingly we also see a rather large number of children who appear to act hypoglycemic every day at the same time, but their blood sugar is perfectly normal. We also give them a snack and in a few minutes they, too, act normal. It appears there is still much we do not know about hypoglycemia. Maybe they have hypoglycemia that is unrelated to the sugar, corn, and citric flavor in the beverage commonly used when a GTT is performed. Others may have hypoglycemic-like symptoms because they are addicted to a certain food. If that food has not been eaten, or they need their "fix," they may have withdrawal symptoms.

There are other factors, however, that might explain why some children appear to have hypoglycemic symptoms in spite of a normal GTT. It can be due to the time when their blood samples are taken. For example, suppose a child becomes tired and irritable at 11:15 a.m. but the next blood is not drawn until 11:30. In that fifteen minutes a compliant liver may have released enough sugar so that by 11:30 the blood sugar is again in the normal range. For this reason when a GTT is performed, you must insist that a blood sample be

quickly taken at the very time your child is complaining or acting hypoglycemic. This greatly increases the chance of documenting a low blood sugar problem.

One other common cause of confusion is the traditional three-hour GTT. If the blood sugar does not fall until four hours after a child eats sugar, a three-hour test will miss the diagnosis. A five-hour test, however, would possibly provide proof.

Some physicians justifiably disagree about the value of the GTT because it is not a natural challenge that mimics real life. Children rarely drink a large amount of a very sugary solution on an empty stomach and then stop eating for the next five hours. This in no way simulates a normal eating pattern, but this is how a typical GTT is conducted. In addition a GTT indicates that about 25 percent of normal, healthy people are hypoglycemic, when they supposedly are not. As with most medical tests, a GTT does not always provide the final correct answer.

Because this test is not natural, some physicians suggest that it is more sensible to eat a typical meal and then check the blood sugar at various intervals to see how the pancreas responds. Even better, try to obtain a blood sugar level at the very time when symptoms are evident. This would help detect hypoglycemia related to foods other than sugar and simulate what happens in real life.

If eating frequent small snacks quickly reverses the moodiness, irritability, or fatigue noted when no food has been eaten for several hours, this suggests that hypoglycemia might be a problem. If this relieves your child's symptoms, it provides a sensible solution, even if the GTT or blood sugar indicates that there is no hypoglycemia. Until we know more, if snacks help, use them.

Your doctor can write a note for school so that your child can eat every two hours or more often if necessary. This is truly a common problem and one frequently unrecognized reason for daily poor school performance late in the morning or afternoon. If a child eats no breakfast, however, the symptoms might be evident earlier in the morning.

A YOUNG ADULT WITH HYPOGLYCEMIA

Paul

At fifteen years of age, Paul came to see us because he was bright but doing poorly in school. He was always tired and he had trouble

concentrating. He had no allergic relatives, but his mother said he could also sleep anywhere, anytime.

Before Paul's office visit he had tried our Multiple Food Elimination Diet and after the first week he was more even-tempered. During the second week, after he ate chocolate, his ears became red and he became irritable. When he added milk back into his diet, he seemed grumpy and his knees hurt. None of the foods, however, seemed to cause him to become sleepy.

His mother said he had mild nose allergies and tended to have wiggly legs and red earlobes. When he was younger, he cried easily and had nightmares. He often complained about knee aches and headaches. The key clue, however, finally came when one teacher commented that late in the afternoon his mood often changed and he tended to become impatient and even angry. This portion of his history suggested that he possibly had hypoglycemia, in addition to some other less commonly recognized forms of allergy.

During P/N allergy testing he developed red ears, a headache, and seemed more tired than usual during the oat, dust, and mite test. He was extremely tired when we tested for histamine and corn. Corn also caused wiggly legs. When we tested him for milk at 11:50 A.M., he was exceedingly tired. His blood sugar dropped to 67 mg/cc. At 3:40 P.M. he developed a headache, and at that time his blood sugar was 69 mg/cc. In spite of the fact that his blood sugar was not below 60 mg/cc., on both occasions shortly after he ate a snack, he immediately perked up and was more alert. This suggested that his fatigue might not be related to the item being allergy tested, but possibly due to hypoglycemia.

We therefore ordered a GTT. During this test he became tired and slow by 10:45 A.M. He commented that he felt the way he did at school. Unfortunately no blood sample was taken at that time. His blood sugars fifteen minutes before and after that time were normal. At 11:30 A.M., however, his blood sugar dropped to only 58 mg/cc.

We believe that at least part of Paul's poor school performance was related to a combination of hypoglycemia and allergy. He began to eat small snacks every two hours while he was in school and he also received allergy extract therapy. He no longer had problems staying awake and alert in school.

Do You Spend Your Whole Day Feeding Your Child?

Some children are always famished. They eat one snack and meal after another. It is not a craving for a particular food, but for any food.

Sometimes this type of problem is hypoglycemia. But it also could be, for example, a thyroid or pancreatic problem, parasites, an emotional or nutritional problem, or even an allergy. Sometimes children are so hungry we can barely find time to skin-test them because they must eat every hour or so. At times this intense food craving is due to a food sensitivity. Surprisingly it can even be due to a mold allergy. We often find that after children receive allergy extract treatment for the foods they eat and for molds, in particular, they stop begging for more food and eat more normally.

Alcoholism and Obesity

Many children discussed in this book have relatives who are alcoholic or obese. Ecologically oriented physicians often care for environmentally ill adults who are, at times, thought to be alcoholic because they are addicted, in particular, to the type of grains used in the preparation of their favorite alcoholic beverage. For example, some men find they feel unwell whenever they drink beer. Most beer is made from corn, but if these same individuals drink Michelob or Budweiser, which are derived from rice, they may notice no adverse effects. It is possible that the corn in beer, not the alcohol, causes symptoms, such as headaches, in some individuals. The grain can also cause the craving, leading to the alcoholism.⁷

Three unusual but scientifically unconfirmed observations have been noted in relation to alcoholism:

- Individuals at AA meetings often have a positive allergy history.
- Some very allergic adolescents appear to become addicted to alcohol after their first drink.
- Some alcoholics have found that they feel and act drunk, even though they did not drink any alcohol. They literally act drunk after they eat the grain that was used as the source grain in their favorite alcoholic drink.

Some individuals are obese because they tend to have inordinate cravings for common fattening foods, such as wheat, dairy, corn, or sugar. Sometimes very overweight women find they have repeatedly

7. Theron Randolph, M.D., *An Alternative Approach To Allergies* (New York: Harper & Row, 1989).

and diligently dieted without success. Once they detect, for example, that they have a wheat sensitivity, some find that they can lose weight easily for the first time. They merely stop eating the one problem food to which they were sensitive and their weight not only goes down but it stays down. Again, sometimes nutritive deficits are the cause of inordinate appetites. There are many reasons for obesity, and emotional problems are often only part of the problem.⁸

Drs. Theron Randolph, Marshall Mandell, and Joseph Beaseley have all written informative practical books that provide invaluable insight to help individuals who have alcoholism or obesity problems.⁹

GENERAL CLUES TO ALLERGY IN VARIOUS AGE GROUPS

8. Jonathan Wright, M.D., *Dr. Wright's Guide to Healing With Nutrition* (see bibliography).
9. Marshall Mandell, M.D., *Dr. Mandell's 5-Day Allergy Relief System* (New York: Pocket Books, 1981) and *It's Not Your Fault You're Fat* (New York: Harper & Row, 1983); Joseph Beaseley, M.D., *How to Defeat Alcoholism* (New York: Times Books, 1989); Randolph, *An Alternative Approach to Allergies*.