

NATIONAL BEST SELLER

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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

C H A P T E R 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

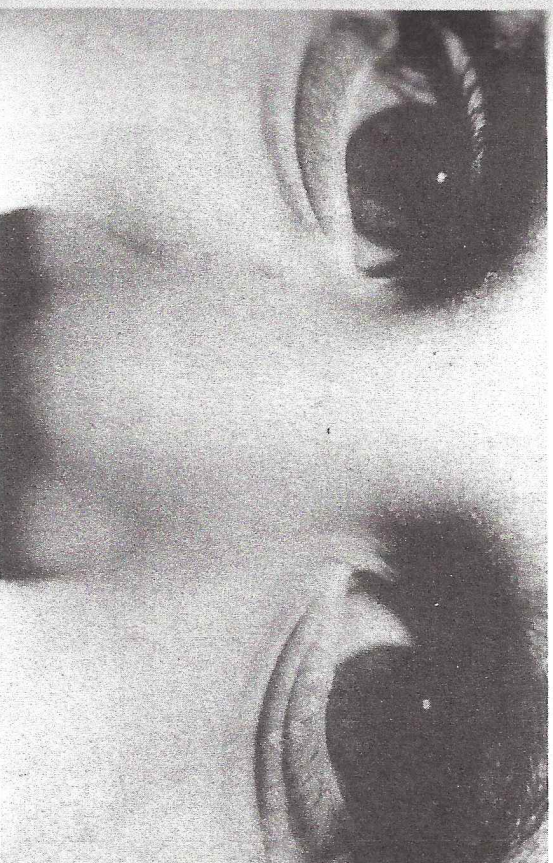
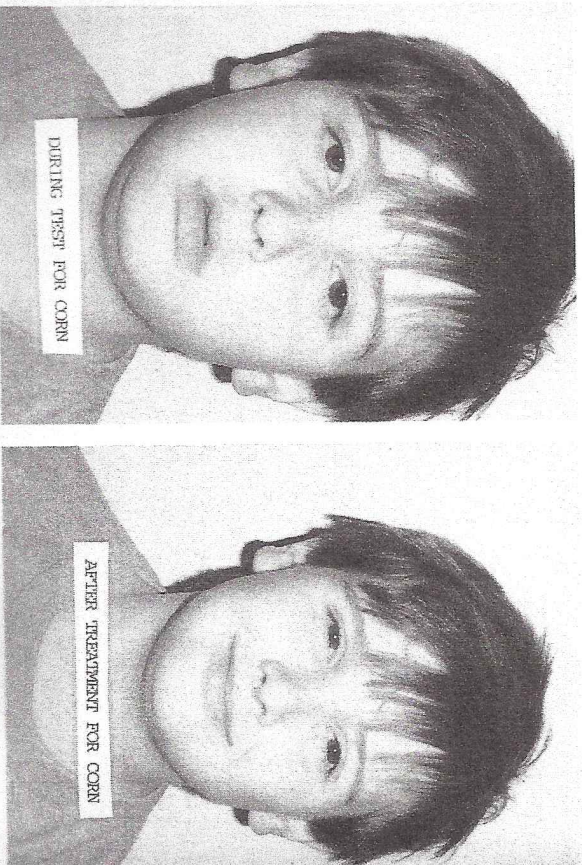


Figure 3.2. Typical allergic eye wrinkles

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



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

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

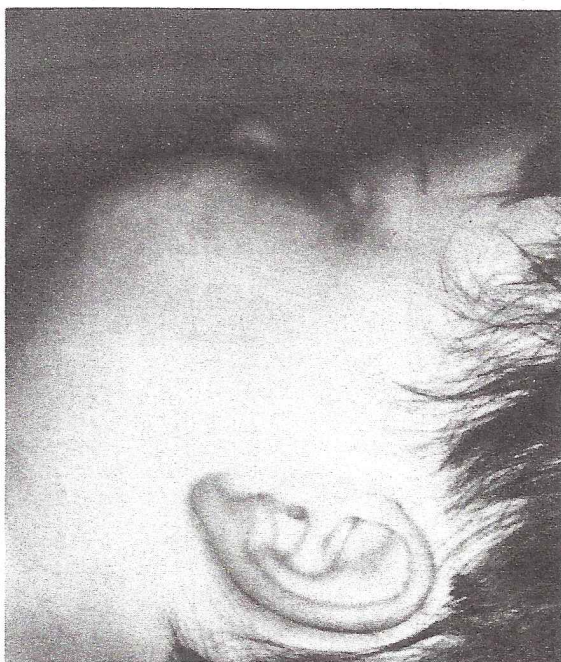


Figure 3.3. Outward symptoms can appear on children as early as infancy. Notice the discoloration of the ear on this toddler.

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.

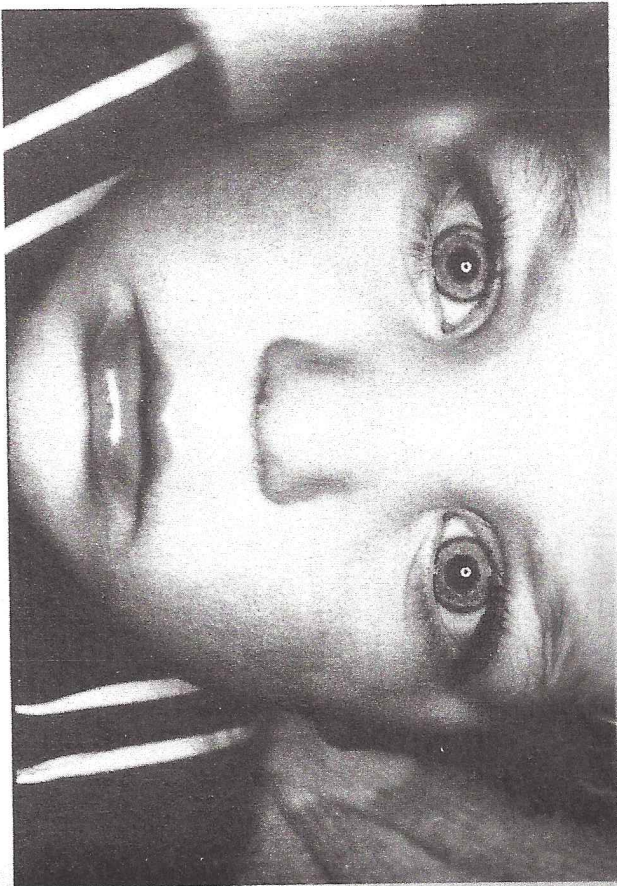


Figure 3.4. Red patches on the cheeks often appear during an allergic reaction.

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.

Cans 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, reddish 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

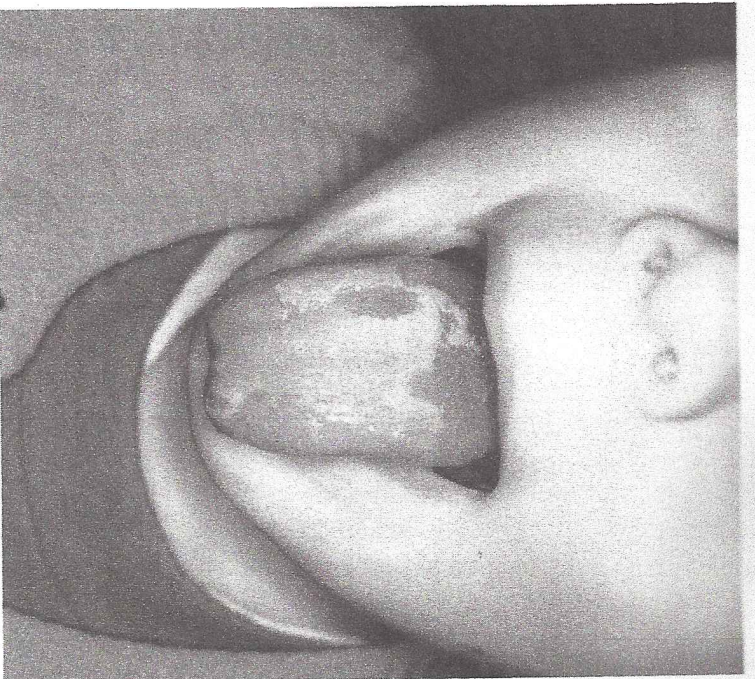


Figure 3.5. A discolored and patchy tongue is labeled a "geographic" tongue, another symptom of previously unrecognized allergies.

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.

Writing before school-air allergy test	Writing during allergy test	Writing after school-air allergy extract therapy
Edward	Edward	Edward
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
RTN	RTN	RTN	RTN
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.

Before test	During test	After mite (dust) treatment
Don	Don	Don
Quiet and calm	Rocking in seat, kicking on floor, earlobes red	Quiet and calm

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

Figures 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, and molds, 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 allergen exposure followed by appropriate allergy extract treatment.

Baseline
P. 68

During Test
P. 72
Hungry, can't concentrate

During Test
P. 72
Hungry, can't concentrate

After Test
P. 64
Not hungry,
can concentrate

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

Before test

During test

After egg treatment

Normal activity

Very red earlobes,
hyperactive

Normal activity

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 Psychosomatic Connection and Victory Over Diabetes* (see bibliography).

Before mold test:
 Handwriting normal
 PFM normal
 Pulse normal

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

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

SEAN

MAIS

SEAN

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

Baseline

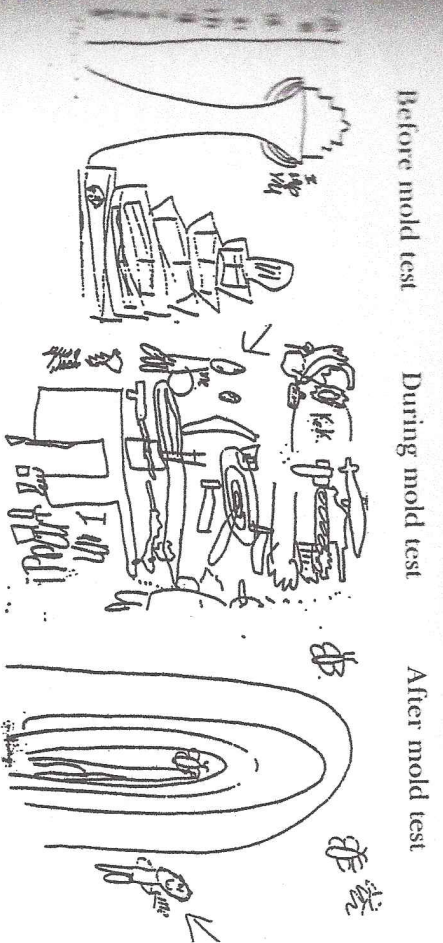
1234567890

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.