Food Intolerance and its impact on chronic disease

Dr Mike C Matthews MB BSc

Dr Mathews is a Graduate of the University College of London. And has been a General Practitioner for 26 years.

The following is an extract from a report published by Dr Mathews. The laboratory study was conducted independently at YNL, using Food IgG test kits (supplied by Genesis Diagnostics Ltd) and by Cambridge Nutritional Sciences Ltd.

SUMMARY

The first course of action for most people is to go to their GP to find solutions to their problems. Some patients are fortunate to get relief from symptoms without recourse to drugs but large numbers are prescribed antibiotics, painkillers, anti-depressants, anti-inflammatory drugs or ointments which are in the main providing only short term solutions and may even be damaging in the long term. The conventional approach works well for most but not everyone gets better!

It is becoming increasingly evident that there is a great deal of positive benefit to growing numbers of patients who are reporting often quite outstanding improvements to their health by the simple elimination of certain foods from their normal eating pattern. Indeed many patients reported having had their illnesses all their lives - and then went on to find relief within weeks!

Using the Genesis Diagnostics 93 Food IgG kit, YNL undertook a study of 2567 patients with long-term illnesses to investigate the impact of food intolerance on the chronically unwell. It was conducted with the assistance of the University of York. The results show that a relationship may exist between chronic illnesses and commonly eaten foods.

More than seven out of ten patients reported distinct relief from their symptoms, which had troubled them for an average of over twelve years. Most patients reported apparently intractable illnesses within six main disease conditions - gastrointestinal (mainly IBS), neurological (mainly migraines and headaches), dermatological (mainly eczema and psoriasis), musculo-skeletal (mainly arthritis), respiratory (mainly asthma, rhinitis and sinusitis) and psychological (nausea, ADHD, panic attacks and depression).

Over 97% of respondents reported that they were able to make changes to their eating habits, and the findings were that nearly two thirds were able to alter their diet rigorously. 79.2% of these reported significant benefit and 77% at the same time found relief within 60 days.

Where dietary change was reported to be moderate, a creditable 66.9% reported useful improvement.

It is reported widely that patient compliance with elimination diets is a key problem for success. In this study greater than 95% compliance was reported with more than 84% giving the highest score possible for ease of use. 87.1% of respondents recommended the test to others.

Introduction

From 1998 to 2000 YNL conducted food antibody tests, using the Genesis Diagnostics enzyme-linked immunosorbent assay (ELISA) method, the IgG tests for food intolerance have superseded the previously used cytotoxic tests, primarily due to the ELISA's improved high levels of accuracy and reproducibility. The ELISA technique enables the laboratory to define clearly the strength of the IgG antibody reaction to the individual foods. Therefore the laboratory can provide an accurate interpretation to the patient of where there are problem foods that are being eaten.

A random sample of patients from the UK who had taken a food IgG test between February 1998 and June 2000 were questioned. A total of 6168 questionnaires were sent.

The survey was closed in October 2000 with 2567 responses (41.6% response) obtained. Each response was entered on to a computerised research analysis package.

Objectives

To gain a greater understanding of the outcome of the test results once they reached the patients YNL needed to find the answers to the following questions:

1. What were the main conditions affecting patients?

2. Were these conditions temporary or were they considered to be long-term and intractable?

3. Which were the main offending foods?

4. What did the patients actually do with the results?

5. How much improvement did they experience?

6. How quickly did they start to feel the health improvements?

7. Did certain groups achieve better success then others?

8. Were there any significant differences between different age and gender groups?

1. The main conditions studied

The patients, in their own words, reported their conditions. These were placed into six main medical areas.

Patients words		Medical grouping	Response (%)*
Acne	Rashes		
Eczema	Rosacaea		
Hives	Skin problems	DERMATOLOGICAL	15.7%
Itching	Urticaria		
Psoriasis			
Abdominal pains	Loss of appetite		
Bloating	Sickness		
Constipation	Stomach cramps	GASTRO-INTESTINAL	44.1%
Diarrhoea	Weight problems		
Irritable bowel syndrome			
Arthritis	Swollen joints	MUSCULO-SKELETAL	6.8%
Fibromyalgia			
General aches and pains			
Dizziness	MS		
Headaches	Tension headaches	NEUROLOGICAL	11.9%
Migraines			
Anxiety	Lethargy		
Autism	Mental fog		
Depression	Nausea	PSYCHOLOGICAL	8.5%
Fatigue	Panic attacks		
Hyperactivity	Tension		
Asthma	Rhinitis	RESPIRATORY	10.0%
Breathing difficulties	Sinusitis		

Glue Ear	Wheezing		
Generally not feeling right			
Heart condition		OTHER	12.3%
ME			
		NO RESPONSE	1.8%
		TOTAL	109.3%*
		*Some patients reported more than one condition	

The main conditions reported were invariably the so-called chronic, and often the intractable, diseases. It is quite evident that stomach and bowel problems dominate with more than 2 out of 5 people reporting these as being their main problem.

2. Were these just temporary conditions?

Over two-thirds of respondents (68.7%) had been suffering from at least one condition for three years or more, and of those who had suffered for more than 10 years, the mean average was 20.2 years. As the average age of the patient in the study was 54 years (52 for women and 58 for men) this represents more than a third of their lives.
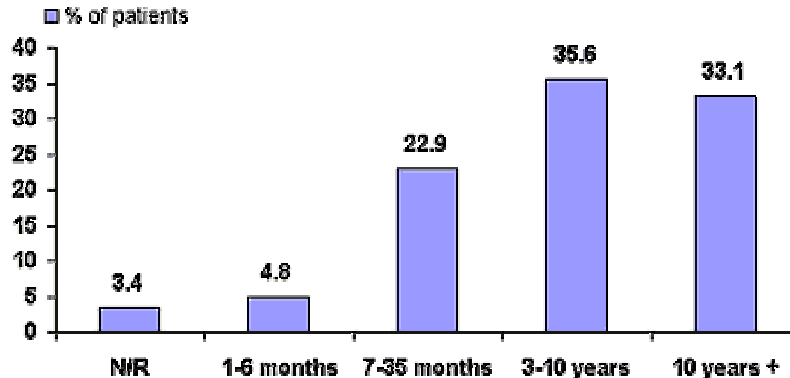
Nearly half of the children (respondents aged 0-9 years old) who took the test had suffered with their condition for over 3 years.

Clearly the respondents had been a long term, intractably unwell segment of the population.

3. Which were the main offending foods?

YNL carried out a simultaneous analysis to learn how often patients had reacted to a number of different foods. This showed that the average patient had significant reactions to on average 4.7 foods and a listing of the problem foods is shown below.

Top twenty-five most offending foods (alphabetical order)	
Almond	
Apple	Kidney bean
Barley	Lentils
Brazil nut	Oat
Broccoli	Pea
Cashew nut	Peanut
Cauliflower	Rice
Cola nut	Rye
Cow's milk	Sheep's milk
Cucumber	Soya bean
Durum	Tomato
Wheat	Wheat
Egg	Yeast
Haricot Bean	

4. How did patients use their results?

a) Some consulted others.

There was a patient preference towards using the services of health practitioners to assist in implementing the recommended changes.

Where patients did decide to seek the assistance of others, whether it was their GP or other adviser, the improvements were significantly higher than those that attempted the changes alone. Unfortunately a proportion of patients, which did take their results to their GP's, found that the GP was not always able to help.

b) Altered diet

Only a very small percentage of patients (3%) reported that they had been unable to alter their diet in accordance with their results and this was usually due to another outside factor such as pregnancy, hospitalisation or because the condition did not warrant the change in diet at that time.

After receiving their results **97% reported that they did alter their diet to the recommended changes** suggested in their results. Two thirds were able to alter their diet rigorously whereas the rest made moderate changes often 'slipping up' or eating their 'avoid' foods when socialising or when 'treating' themselves.

| Level of altered diet	Responses (%)
Rigorous	64
Moderate change	33
Unable to alter	3
Total	100

It must be noted that evidence suggests that of those who attempt the more conventional 'gold standard' elimination and challenge diet only 61% are able

to comply with this diet. When asked to rate overall 'ease of use' 84% of patients reported the highest possible score (5 out of 5).

5. How much improvement did patients experience?

Patients who altered their diet rigorously were asked to indicate on a scale of 1 to 5 (where 1 is low, and 5 is high) how much they felt they had benefited from their change in diet.

Scores of 3, 4 and 5 were treated as a significantly high degree of improvement, **73.4% of patients reported this improvement.**
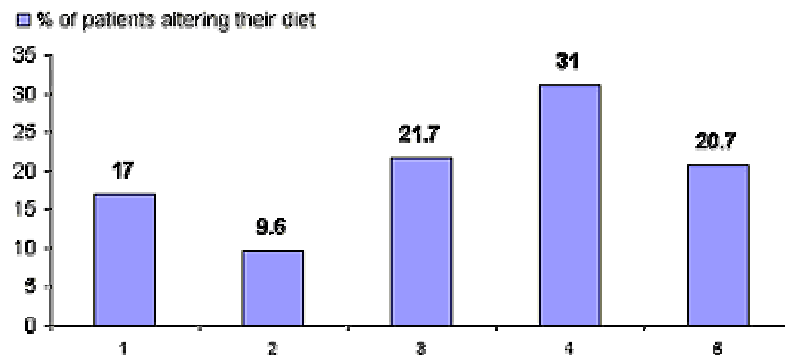
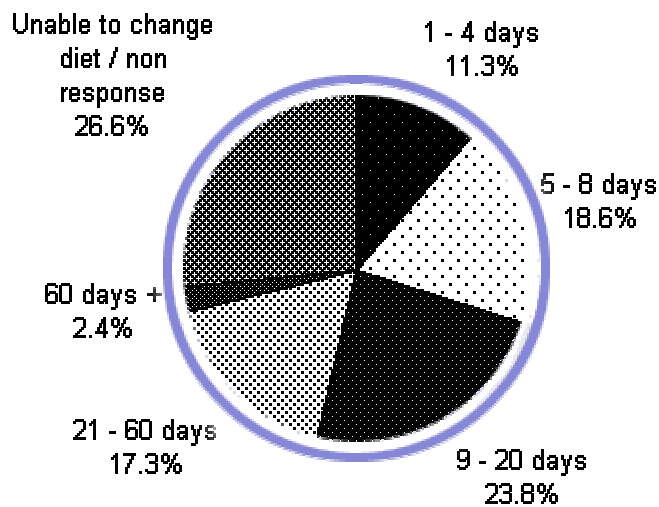**79.2%** of those who altered their diet rigorously noted an improvement score of 3, 4 or 5.

66.9% of patients who made a reasonable attempt to alter their diet scored 3, 4 or 5 in their level of improvement.

Overall therefore, 73.4% of all those making a reasonable or strong attempt to alter their diet reported a significant benefit

6. How quickly did patients improve?

Within 60 days 71% of patients who had altered their diet reported improvements in their health. Over half (53.7%) of the patients reported that they began to feel the benefits within 20 days of altering what they ate. As previously noted a large majority of these patients had reported that they suffered with their condition for many years without finding any satisfactory relief from their symptoms. This therefore may be considered a useful record of success.

Time taken before improvement noticed by those rigorously altering diet and moderately altering diet

Unable to change diet / non response 26.6%
1 - 4 days 11.3%
5 - 8 days 18.6%
60 days + 2.4%
9 - 20 days 23.8%
21 - 60 days 17.3%

It is evident that a clear majority of patients benefit from adhering to the recommendation of their food intolerance test, but it is those who adopt the most serious approach benefit the most and the quickest.

7. Did certain groups achieve better success than others?

Typically patients fell into six main groups.

- Gastro-intestinal (44.1%)
- Neurological (11.9%)
- Dermatological (15.7%)
- Musculo-skeletal (6.8%)
- Respiratory (10.0%)
- Psychological (8.5%)

The overall picture is that over two thirds of patients reported scores of three, four or five, whilst seven out of ten reported benefit within 60 days of altering the food eaten.

Condition	Benefit within 60 days	Scoring 3, 4 or 5
Gastro-intestinal	74.9%	75.9%
Neurological	67.3%	69.6%
Dermatological	72.2%	77.4%
Musculo-skeletal	63.4%	59.9%
Respiratory	73.5%	75.7%
Psychological	70.2%	70.6%
All six conditions	71.0%	73.4%

8. Were there any significant differences between different age and gender groups?

Seventy percent of respondents were female and 30% male. This corresponds well to the proportion taking the test, 71% female and 29% male.

Ages ranged from between a three-month-old baby with multiple allergies and symptoms and a 97-year-old woman with bowel complaints.

Men tended to take the test later on in life, and are an average age of 58 years old, whilst the average age for women was 52 years old. Eighty three percent of the respondents were over 30 years old. In the younger age groups (below 9 years old) the number of boys tested was equal to the number of girls.

It was noticeable that women tended towards offering the lower scores and indicated lower speeds of improvement.

SUMMARY

- The majority of patients taking the test and altering their diet found significant improvements in their condition.
- Improvements were recorded in 79% of all cases.
- Often these improvements were noted as being life changing with over one fifth of all patients awarding the highest score possible (5 out of 5).
- The degree of benefit was found to be particularly strong when patients rigorously altered their diet, though some benefit was noted when diet was only moderately altered.
- Those patients who had consulted with their doctor or medical adviser reported considerably more benefit as well as speed of improvement compared with those who did not.
- An overwhelming majority (95%) reported that the service provided by the laboratory was easy to use.
- "When asked, "Would you recommend the test to others?" 87.1% said yes.