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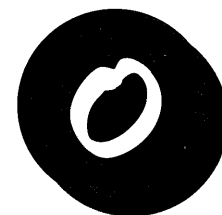
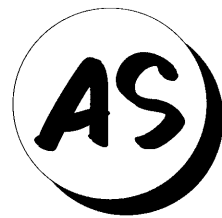
Twenty percent of Americans think they have food allergies. Experts say only two

LINDA MASTELLONE'S LIFE WAS FILLED WITH WOE. HER NINE-year-old daughter, Erica, had missed 40 days of school because of colds, ear infections and bronchitis. Doctors suspected Hodgkin's disease, but blood tests all came back negative. Mastellone's six-year-old son, Frank, meanwhile, was so hyperactive that his kindergarten teacher suggested holding him back. Exhausted and sick herself, Linda was tested for multiple sclerosis, but her tests also came back negative.

BY PAMELA WEINTRAUB

"I was at the end of my rope," says the registered nurse from Brooklyn. But then she watched a television interview featuring Doris Rapp, a Buffalo, New York, allergist specializing in food. Rapp claimed that children with hyperactivity, colds and other complaints could be helped through the elimination of certain foods coupled with injections that desensitize them to the offending substances. With treatment, Rapp said, the children were cured and could eat freely once more. Mastellone called Rapp, who referred her to New York City allergist I-Tsu Chao.

"First we identified and stopped eating the problem foods," recounts Mastellone, which included such favorites as chicken and corn, apples and milk. "Now, with the help of injections



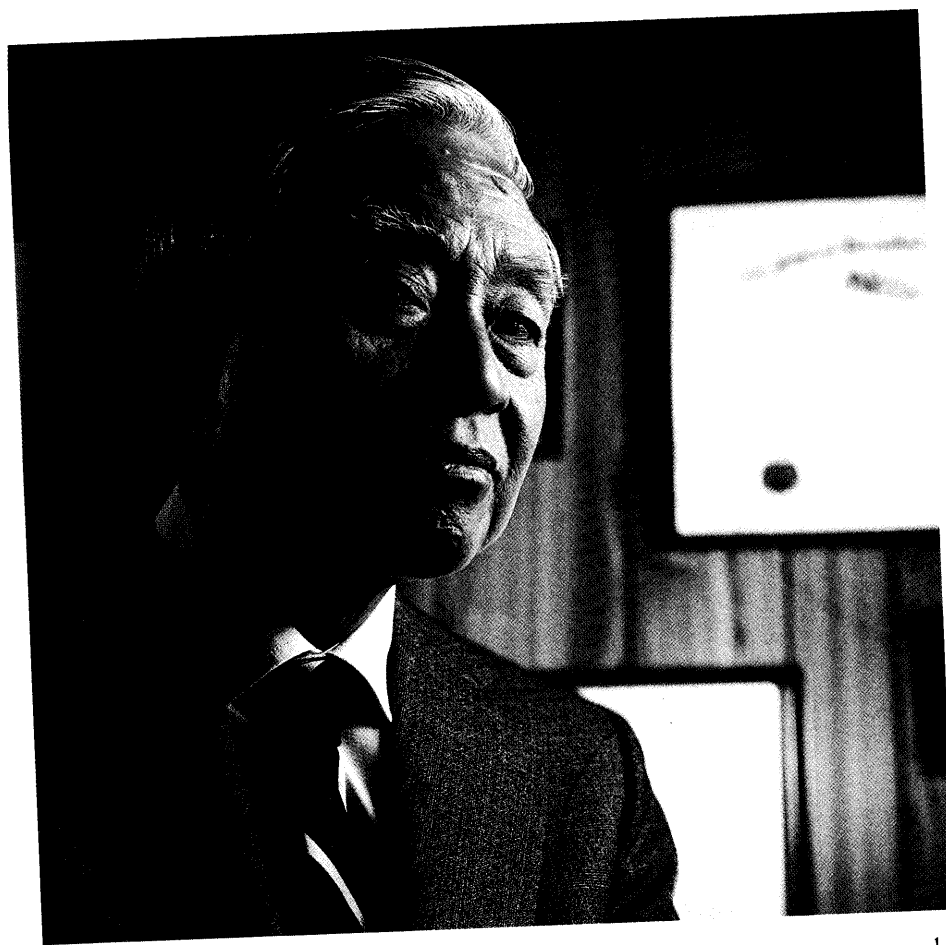
only 10 percent really do. Are the others just confused about what's really wrong?

once every four days, we can eat them on a rotational basis, consuming each problem food no more than once a week. We're never sick anymore. Our lives are back on track. Dr. Chao was a godsend for us."

I-Tsu Chao is a leading practitioner of environmental medicine, also known as clinical ecology, a radical discipline that has been perched for years at the fringes of conventional health care. According to doctors like Chao, ordinary chemicals in our environment make us sick; everyday foods can be toxins, they say, and are linked to such diverse conditions as depression, heart disease and arthritis. What's more, they believe that meticulous attention to diet can solve problems whose solutions have eluded orthodox medicine, and in the process virtually return us to Eden: "When we have learned as much as we can about food allergy," says Chao, "we'll eliminate much of the disease that now plagues us, and come just a bit closer to paradise on Earth."

Photographs by Geoffrey Nelson

Food allergies represent only one component of environmental medicine, but it is a big one. Across the country, tens of thousands of patients like the Mastellones have flocked to environmental practitioners, spending millions of dollars each year, usually without the benefit of



New York
allergist I-Tsu
Chao is considered
a godsend by his
patients.

reimbursement from skeptical insurance carriers. Meanwhile, the more than 500 physicians—including allergists, pediatricians and surgeons—who have joined the American Academy of Environmental Medicine say that they are treating only a fraction of the allergy-prone population. Indeed, the testimonials pour in: A Los Angeles woman says she suffered intractable depression until she discovered her allergy to wheat. A hyperactive three-year-old boy in New York had to wear a football helmet to keep from injuring himself until his parents learned that he was highly allergic to wheat, dairy products, corn, yeast, food additives and preservatives.

But mainstream allergy experts say that while as much as 20 percent of the population may *believe* they suffer from food allergies, only two percent really do—a difference of more than 50 million people. Which is it? Do food allergies affect only a small portion of the population, or are they to blame for a large part of human misery and disease?

The debate begins with the simple question of what constitutes an allergy. Most allergy experts say that those who suffer true food allergies are easily recognized: when offending allergens are consumed—among the most common are milk, eggs, nuts, soy,

strawberries and shellfish—the patient undergoes a visible immune response. The immune system mistakenly identifies the innocuous food as harmful, and attacks; specific antibodies called immunoglobulin E—IgE for short—capture the “threatening” substances. The release of IgE stimulates production of histamine and other substances, which cause reactions ranging from sneezing and tongue sensitivity to asthma or hives. The worst cases can result in anaphylactic shock.

As for the other 18 percent—those who do not react to food with classic allergy symptoms—allergy expert Daryl Altman of Linbrook, New York, divides them into four categories. Some people have another malady, such as gluten enteropathy (the inability to tolerate the gluten in wheat). Others lack sufficient quantities of enzymes needed for digestion, as is the case with people who cannot tolerate the lactose in dairy products (a different problem from an allergy to milk protein). Still others suffer from an organic illness,

such as cancer or thyroid disease. Finally, there are those who actually have no problem with food, but suffer from stress—the largest group, according to Altman.

“When you’re dealing with food allergy in the context of environmental medicine, you’re dealing with perception, suggestion and belief, not science, and certainly not good medical practice,” she declares.

Altman feels that there are issues here that are more important than semantics. “The disagreement goes much deeper. These practitioners are taking patients who may suffer from stress-based ailments and convincing them that their problems are due to food.” Clinical ecologists treat patients with a spate of unproven therapies, she says, and then, summoning not pure chemistry but the power of suggestion, claim cures. Although few would accuse the clinical ecologists of defrauding patients intentionally, many conventional immunologists say that is what it amounts to.

“We do not support clinical ecology at all,” says Edward Remmers, vice president of the American Council of Science and Health in New York City, a group well known as a defender of orthodox medical treatment. “It’s true that maybe one person in a hundred thousand will react to tiny doses

of chemicals in foods. But 500 years ago, when the science of toxicology was founded, a basic rule was that the poison is created by the dose; at a low enough dose, even the most toxic chemical will have no impact on most people. The clinical ecologists ignore that principle. They take an extremely rare phenomenon and extrapolate way too far."

Other physicians point out that food allergies can disappear naturally, which could explain some of the clinical ecologists' so-called cures. For example, children suffer more food allergies than any other group, but they often outgrow them as their digestive tracts develop. So a child who is allergic to cheese could very well not react a few months later. (A major exception is the potentially fatal allergy to peanuts, which can persist regardless of age.) For all of these reasons, the American Academy of Allergy and Immunology, the American College of Physicians, the Canadian Ministry of Health and the American Medical Association regard clinical ecology as speculative and unproven. In fact, the AMA's Council on Scientific Affairs recently concluded that until "accurate, reproducible, and well-controlled studies are available... multiple chemical sensitivity should not be considered a recognized clinical syndrome."

Why, then, are some conventionally trained doctors proponents of environmental medicine? Many are frustrated with the options available through conventional care, and they sympathize with patients who have been sick for years. But the mainstream establishment has an answer of its own: "For [some], there's just a lot of money in environmental medicine," suggests Remmers.



PRACTITIONERS OF environmental medicine blame the very basis of civilization for our modern ills. "Before the invention of agriculture," explains

John Boyles, an otolaryngologist from Dayton, Ohio, and one of the leading members of the American Academy of Environmental Medicine, "our ancestors did not eat the same things everyday because they couldn't. They hunted the many animal species that passed through their regions depending upon migratory patterns, and gathered the diversity of plants that bloomed at different times of the year. The real problem began when we learned how to grow and store grain and domesticate animals. These days, we tend to eat the same foods and types of

A PATIENT'S TALE

"My exhaustion stemmed from eating wheat"

TWENTY YEARS AGO, Lillian Friedenreich's ulcer was on the verge of perforating for the second time. Her body had turned against itself, the doctors said, producing so much acid that her stomach lining was wearing away. Their advice: remove both the acid-producing glands and the ulcerated part of her stomach.

"The surgery just seemed so radical that I was scared to death," says Friedenreich, then a chemistry teacher in New York City. "I wondered whether the answer was simplistic. 'After all,' I thought, 'if I'm producing acid, why can't it be neutralized?'"

Taking what Friedenreich today calls "the coward's way out," she cast about for a doctor willing to help her alter her body chemistry. "Perhaps the problem was caused by what was going in my body from the outside," she says.

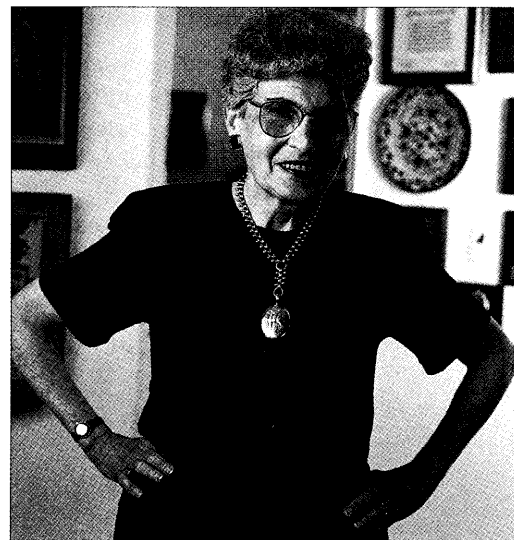
Friedenreich heard about Brooklyn allergist I-Tsu Chao from a friend whose son had been successfully treated for Tourette's syndrome through diet manipulation. She was so impressed that she went to see Chao herself. Friedenreich kept a detailed food diary, correlating the onset of symptoms with specific foods. "As time went on," she says, "we found I reacted to virtually everything except for potatoes and eggs."

Symptoms dropped away as Friedenreich eliminated foods. "I was able to connect leg cramps with apples, and aches in my joints as well as chest pains with fruit. My exhaustion, which previous doctors had attributed to the ulcer, stemmed from eating wheat.

"Two years later, I had a new body," she says. "I was thinner, and my ulcer and all the symptoms associated with it went away. I did not catch a cold for years."

At age 70, Friedenreich eats each problem food no more than once every couple of weeks, limiting their capacity to do harm, she says. Under Chao's instructions, she also takes provocation/neutralization allergy injections. Her husband, Daniel, who suffered from a hiatal hernia, also linked his problem to food allergies.

"Today we are the healthiest 70-year-olds we know," says Friedenreich, who now teaches a course on health management for retired teachers. "We live in a development settled by World War II veterans, so most of our neighbors are our age. We don't have cancer, heart disease or high blood pressure, like so many of the others. And we have plenty



Lillian Friedenreich avoided ulcer surgery by changing her diet.

of energy to boot.

"This has worked for me," she says. "It has worked for my husband. As for conventional practitioners, why would we go back to them just to hear that our symptoms have been inflicted by our own bodies, or psychosomatically, by our brains?"

—P.W.

A PHYSICIAN'S TALE

Either we're all allergic, or the tests aren't valid

I FIRST REALIZED THE extent of the belief in food allergies when one of my free-clinic patients introduced herself as a "Jewish celiac lesbian." A rather select group, I thought, although I quickly assured her that we had much in common: I, too, was Jewish, sensitive to wheat and preferred women as sexual partners. We have been good friends ever since.

However, when I pressed her further about her allergy (I trusted that she was Jewish and gay), she said that she considered herself allergic to wheat because she didn't feel "good" when she ate wheat products. Like many people who claim to have food allergies, she had arrived at this conclusion solely through self-diagnosis.

Patients often consider themselves allergic if they suffer from fatigue, abdominal cramps, gas, mood swings or other nonquantifiable symptoms after eating certain foods. Traditional doctors like myself discount these symptoms as proof of food allergy. Instead, we believe that many of these people have food sensitivities in which they lack specific enzymes that aid in the digestion of some foods.

Fortunately, most of these folks improve when they avoid the suspect food, although, sadly, for many the "allergy" becomes the main (and dare I say boring) focus of their lives.

Much harder to deal with are those who diagnose an allergy through provocation tests, because the simple act of testing by a medical person confers some validity to their belief. Oddly, I cannot recall a single patient tested who wasn't told of at least one food allergy, and frequently

of many.

I have concluded, therefore, that if the "ecological experts" are to be believed, we all suffer from food allergies. Or else the tests they use are not valid procedures. After all, the history of medicine is littered with many fashionable "diseases," all of which were backed up with testing methods that over time turned out to be nonspecific. In my 24 years in medicine, I have seen many designer diseases come and go: hypoglycemia, yeast syndrome, temporomandibular joint syndrome and chronic fatigue syndrome. There will be others, no doubt.

What, then, is wrong with people who complain of food-related symptoms? Are they merely suffering from stress, as many physicians argue, or is something else going on, something we have not yet been able to figure out?

The answer, I think, does not matter, as long as we rule out specific organic diseases (esophagitis, for example), which require much different therapies. What matters is to make these people feel better. As a physician with a strong belief in the benefits of the placebo effect on all that we do, I have always advised such patients to first work on stress reduction (so should we all). Then if they believe in, and can afford, these other approaches, I tell them that they have little to lose by trying them. They are unlikely to end up worse, although they are likely to end up poorer.

—Art Hister, M.D.

Art Hister is a family physician and medical writer living in Vancouver, Canada.

foods day after day." The result: with no extended break from many foods, we develop sensitivities to the things we eat most often.

This 10,000-year-old health predicament, say the clinical ecologists, was first understood in the 1940s. That was when Theron Randolph, an internist from North Aurora, Illinois, noticed that a patient's complaints of exhaustion and dizziness occurred chiefly when she was exposed to chemicals from automobile exhaust and gasoline fumes. Randolph observed this pattern in other patients, and eventually proposed that chemicals permeating the modern world were the cause of many unexplained ailments. Later he extended his theory to include food.

At first, Randolph's message was met with skepticism. A decade later, however, a few renegade doctors—mostly those battling what they felt were chemical or food allergies in their own families—had joined the cause. One was Carleton Lee, an allergist from St. Joseph, Missouri, whose wife claimed to suffer severe, food-induced asthma. While skin-testing his wife and other patients, Lee noted that their asthma worsened with exposure to some concentrations of food extract, yet cleared up with exposure to others. He systematically studied this odd phenomenon, eventually developing a therapeutic technique called "provocation/neutralization," or P/N. Considered voodoo medicine by conventional MDs, and an inspirational breakthrough by clinical ecologists, the technique is said to work when various concentrations of a suspected allergen are injected under the skin. As the concentration changes, practitioners report, they find a single, precise dose at which no welt forms and allergic symptoms disappear—the "neutralizing" or relieving dose.

Environmental practitioners readily admit that the mechanism by which P/N works is a mystery. There is no way to scientifically calculate the biochemical impact of P/N because it can be monitored only through clinical observation and patient reports. That contrasts with conventional allergy shots, in which tolerance is conferred by injecting increasingly larger doses of an allergen; in such a procedure, the effect can be measured directly, at the molecular level, by monitoring IgE.

In spite of the seeming contradictions, the P/N technique gained converts. One was Mobile, Alabama, pediatrician and allergist/immunologist Joseph Miller, who himself suffered from migraines and was so sensitive to light that he waited at home in a darkened room while a nurse prepared his patients for

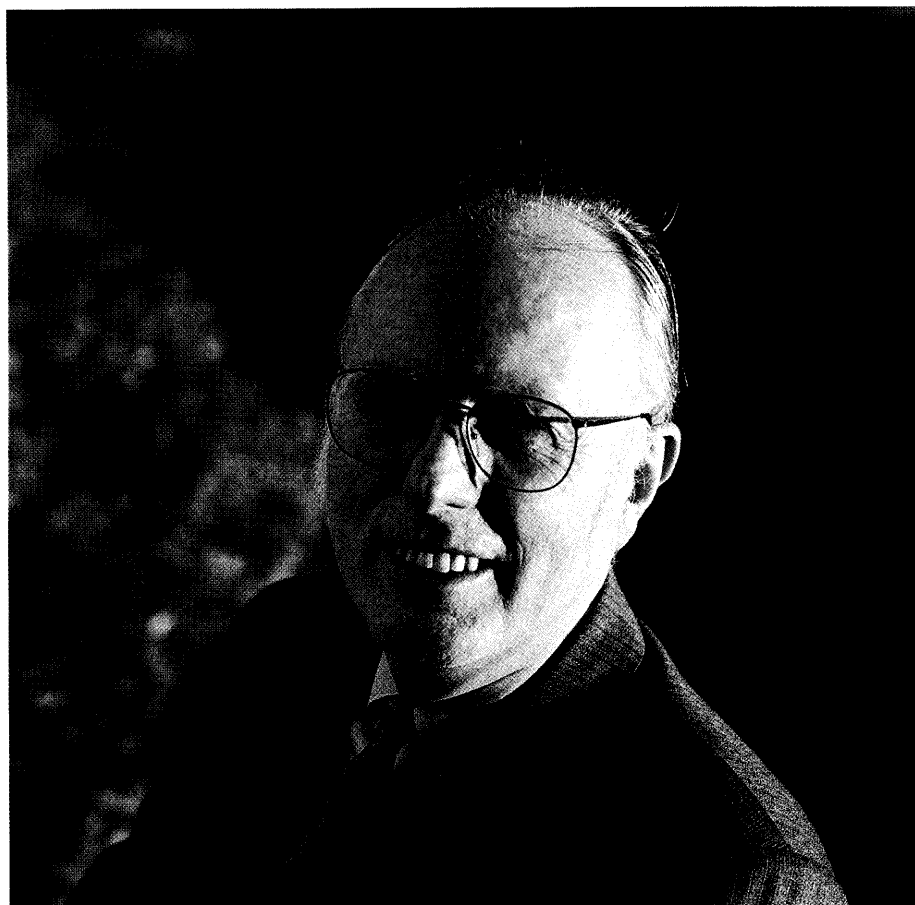
him. He would rush to the office in dark glasses and examine people as quickly as possible, the glare of the otoscope almost blinding him as he worked.

Miller was forced to continue on this debilitating track until, in 1964, he attended one of Carleton Lee's lectures. "He put up a slide listing all the symptoms responding to food extract injection therapy," says Miller, "and migraine was right at the top of the list." Miller began taking P/N injections to neutralize foods, including milk, wheat, corn and chocolate. Within weeks, he reports, his debilitating symptoms were virtually gone. "Since then," says Miller, author of the 1972 book *Food Allergy: Provocative Testing and Injection Therapy*, the bible of the P/N technique, "I have reproduced the results with thousands of other migraine patients."



DESPITE such stories, most doctors feel that the P/N practitioners must document their clinical reports with controlled, double-blind studies—the kind of research science requires before endorsing a theory. But there, too, confusion reigns. Allergists like Altman say the clinical ecologists simply have no conclusive scientific studies to support their practice; in fact, she notes, a dozen legitimate studies have proved them *wrong*. Environmental doctors like Boyles, meanwhile, claim they have studies aplenty, including double-blind research published in respected medical journals, but that their work has been largely suppressed by the medical establishment. "Academic researchers are often supported by grants from the drug companies," states Boyles. "If we prove that health problems are related to food, we won't be relying on drugs, and those corporate profits would fall."

Nevertheless, the study most damaging to the clinical ecologists was conducted by one of their own. Back in 1978, Don Jewett, then an orthopedic surgeon at the University of California, San Francisco, began seeking a cure for innumerable aches and pains. He soon found his way to the Environmental Control Unit, a clinical-ecology based treatment center in Dallas.



Before long, Jewett was a convert. "I was convinced that rotational diets and P/N injections had worked for me," says Jewett. "So much so that I began using rotation diets to treat my own patients."

"Jewett was one of us," agrees William Rea, cardiovascular and thoracic surgeon at the Environmental Health Center in Dallas, one of the nation's foremost environmental facilities. "He considered himself a proponent of our philosophies, and said the treatment had worked." Perhaps that's why Jewett readily received research money to study P/N.

But his study, published in the *New England Journal of Medicine* in 1990, cast serious doubt on the validity of P/N and environmental medicine as a whole. Jewett tracked 18 patients who had previously responded well to the P/N technique. Each participant was given three injections of food extract—chocolate, beef, wheat, milk, potatoes, chicken, whatever the individual was sensitive to—and nine injections of a saline-solution placebo. Neither the patients, doctors nor the researchers helping Jewett knew the content of the injection. According to Jewett, the pattern of reaction to the food extracts and saline was indistinguishable.

These days, Jewett (Continued on page 95)

Don Jewett turned his back on environmental medicine after conducting his own research.

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FOOD AS FOE (continued from page 45)

says, he believes the techniques of environmental medicine never really worked at all. "Now I realize my own 'allergic' symptoms never truly went away... they just changed. What was nausea became exhaustion with one diet; then, with another diet, the exhaustion changed to headache." Jewett says that other patients seemed to have common observations. "When I believed in diet as treatment, and prescribed it with confidence, my patients reported getting better," he says. "After I finished my research and prescribed with doubt, my success rate went way down... I came to realize the placebo response was a major part of medicine, and in the case of environmental medicine, a reasonable explanation for what was going on. I was put in the position of choosing between my belief systems and my science, and my science won."

AN ONLOOKER TO THIS allergy battle may reasonably expect there to be some common ground that

could combine the best of both conventional and environmental medicine. Perhaps, for example, immunologists could admit that food sensitivity plays a greater role in human health, and clinical ecologists could try to grapple with the issue of faith and the placebo effect. No way. "The immunologists are just plain stupid," I-Tsu Chao said recently. Jewett counters, "It's impossible to refute environmental medicine, because it's based on the patient's faith in the doctor, and the doctor's faith in the method. If I had to fault the clinical ecologists, it's that they're trying too hard with a belief system that can't be proven."

Until you first accept or reject the conventional standards of scientific proof, it is virtually impossible to decide whether those who practice environmental medicine are miracle workers or snake oil salesmen, cutting-edge healers or evangelists. And, of course, paradigms do shift. One must keep in mind that as recently as 1979, Norman Cousins, in his landmark book *Anatomy of an Illness*, claimed that, tottering at the brink of death, he literally

laughed his way back to health by watching Charlie Chaplin, the Marx Brothers, *Candid Camera* and other funny programs. At first, Cousins's ideas were the butt of medical jokes. Today Cousins's work is cited as one factor that sparked a new area of medical study—psychoneuroimmunology—which attempts to quantify the effect of the mind in human health.

If a specific treatment is effective, the mechanism by which it works may be unimportant to many patients. But after decades, P/N treatment of suspected food allergies remains outside the realm of conventional therapy because it has not been scientifically proven. Extraordinary claims of cure require extraordinary levels of proof. To enter the medical mainstream—to be welcome at immunology conferences, accepted by the AMA and have insurance companies honor claims—clinical ecologists will have to go beyond anecdotes and their initial round of studies to provide incontrovertible evidence. If not, then they may have to eat crow—even if they're allergic to it. **■**